UNIVERSITY OF
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Expertise, Born of Experience:

An autoethnographic exploration of my development as a pioneering expert by experience in maternity service provision and my subsequent influence on the education of nurses and midwives in the United Kingdom

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Contents

Abstract

This thesis presents a portfolio of evidence of my work as an Expert by Experience (EbE) in health and social care. Using the Critical Practice Framework (Barnett, 1997) as structure, I have written an overarching narrative of the thesis to bind together my portfolio of evidence with my individual journey, and a critical examination of theory and literature, to demonstrate the original contribution I have made to education and training of midwives in the UK.

In addition to the portfolio of practice-based evidence presented, the research strategy of autoethnography was selected as an appropriate means to narrate the thesis, as it provides a reflexive, qualitative methodology in which I, as the researcher, am also the primary subject-participant. The thesis draws on both analytic and evocative forms of autoethnography. Using evocative autoethnography, I share my personal story of recurrent miscarriage and still-birth, where the data are comprised of my deepest thoughts, memories, letters and diaries. In a more traditional academic 'voice', I employ analytic autoethnography to analyse and situate my own actions, and critically to reflect on my role as an EbE. This analytic perspective acknowledges the conscious and (as far as possible) subconscious ways I have sought to gain credibility and acceptance within the highly professionalised world of healthcare education and policy. Uncomfortably, this includes the personal sacrifices and ethical dilemmas I have faced and worked through in order to establish my expertise, reputation and status.

To situate the thesis and portfolio, I critically discuss how pervasive power hierarchies within healthcare policy and practice continue to reduce many well-intentioned Patient and Public Involvement initiatives, badged as 'co-production', to consumerist-style consultation exercises, where the full potential contribution and value of experts by experience is rarely realised. I also reflect upon the fact that my own ability to make personal sacrifices, in order to make my voice heard, may have inadvertently made it more difficult for others to do the same. I conclude with a series of recommendations for my own future work, and for empowering and extending the contribution of others in ways that are meaningful for them within the important area of lay influence, healthcare policy and practice.

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I want to thank my husband, Stephen Hunt, but to do that would go beyond the bounds of words. We took this journey together; it is not just my story. Whilst I have dragged up past

pain and exposed deeply intimate memories to write this PhD, he has kept our world turning, the sky above my head and the ground beneath my feet. No one has ever sacrificed more for my individual success than him. He has never complained, never stopped encouraging me and never shown even the slightest signs of resentment. He is truly a wonderful and resilient man.

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Ultimately however, I owe my completion of this thesis to Professor Dame Lesley Regan and the courageous, compassionate and highly skilled team at the Recurrent Miscarriage Clinic, St Mary's Hospital, London. They gave me hope when no one else could and showed me that research and knowledge have the power to change the world. Thank you, from the bottom of our hearts, for gifting us our children.

Meticulously writing a thesis, that is so emotive in nature, has been an exhilarating, exhausting and emotionally demanding process. I have, on many occasions, held these words dear: "All labour that uplifts humanity has dignity and importance and should be undertaken with painstaking excellence" (Martin Luther King Jr).

I dedicate this work, in loving and grateful memory of our daughter,

Miss Isabella Grace Hunt (09/04/2005)

Chapter one Introduction

Across contemporary healthcare in the United Kingdom (UK), the recognition and participation of patient and/or service-user experience is now considered essential practice within all aspects of policy formation, service design and the education and training of healthcare professionals (HCPs). Yet, the relationship between subjective lived experience and the 'objective' science of traditional biomedicine is often unclear, with these frequently regarded as epistemological opposite poles of the research and evidence spectrum (Renedo et al., 2018).

Conversely, clinical care decisions often rely heavily on the ability of HCPs to synthesise their knowledge (Pols, 2014), assimilating biomedical data with clinical experience, ethics and the need to interpret and respond to patient perceptions of their own care needs (Greenhalgh, 1999). This acknowledgement that user voice is essential to the delivery of integrated and compassionate care has led to a significant rise over the last 25 years in patient and public involvement (PPI) initiatives and the adoption of advocacy and coproduction principles across healthcare, with users of services taking increasingly proactive roles in the creation of new knowledge, as "experts by experience". The term expert by experience (EbE) derives from the recovery movement (Deegan, 1988) and "is suggestive of a relationship of equals whereby one expert's expertise has been accrued through their training and practice and the other through their experience" (McLaughlin, 2008, 1111). However, within this discourse there remain concerns that power hierarchies continue to exist (O'Shea et al., 2019) and many experiences remain excluded, particularly those of women, vulnerable members of society, and black, Asian and minority ethnic communities (King and Gillard, 2019; Taylor et al., 2018; Beresford, 2013).

It is within a context of adversity I became actively involved and thus defined as an expert through my own experiences and I developed a confidence in and firm commitment to ensuring my own voice, and the voices of other women, are embedded at the heart of healthcare education and service provision. Therefore, in order to narrate this portfolio honestly, consciously and reflexively (Finlay and Gough, 2003), my thesis is composed using both analytic and evocative autoethnographic elements (Anderson, 2006). The methodology of autoethnography has allowed me to recognise and embrace my own positionality, subjectivity and the influence of these upon the development of expertise and knowledge within this arena (Colosi, 2016; Labaree, 2002).

> "In general, autoethnography is a research approach in which we as an author draw upon our own lived experiences, specifically in relation to the culture (and subcultures) of which we are a member." (Allen-Collinson, 2013, 283).

Autoethnography is a challenging, yet creative and sensitive qualitative methodology, within the ethnographic tradition; recognised as a means of sharing a personal journey, within a cultural context, sometimes using storytelling techniques (Coffey, 2017; Adams et al., 2013). It aims to provide deep insight into particular lives and relationships, as situated within a specific *ethnos* or social group, rather than generalisable information, applicable to whole wider populations. Autoethnographic accounts aim to connect with others in countless ways, applied, interpreted and reflected upon by each reader in a unique way. Strong autoethnography evokes individual meaning for the reader within the context of their own life and culture; and may engender emotional bonding between the author and reader. Further, as Chang (2016, 13) notes: "The reading and writing of self-narratives provides a window through which self and others can be examined and understood".

Autoethnography often acknowledges and analytically explores the researcher's lived experience in the context of the personal, political and cultural motivations for conducting the research.

> "…as researchers we are interested in exploring and understanding the experiences that have salience in our lives, whether these experiences thrill, surprise, intrigue, sadden, or enrage us." (Adams et al., 2015, 22).

When using autoethnography, it is writing (or other genres of representation) that forms part of the means and the method of conducting the research itself. It is a continual and iterative sense-making process through which the author examines, foregrounds, interprets and redefines their research findings through reflection on their own personal experience and, for evocative autoethnography, the artistic creation of prose and other representational forms. New knowledge can be forged through grappling constructively with the "ontological tension" between epistemology and artistic expression (Spry, 2009, 604), sometimes placing equal importance on both facets (Hughes and Pennington, 2017).

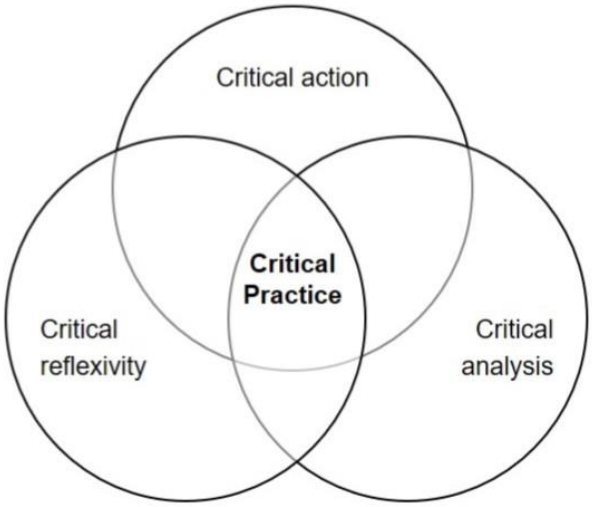
Within autoethnography, there have emerged multiple, nuanced subdivisions or traditions, with a key distinction (for some) being evocative and analytical forms (Anderson, 2006). Analytical autoethnographers seek to create knowledge and deepen understanding of social phenomena

through the discursive development of theories and conceptualisations that elucidate the human experience for the reader. In contrast, evocative autoethnographers focus on presenting a more emotive narrative, frequently using dialogue to evoke emotional responses, leading to personal interpretation and an empathetic response meaningful, and unique, to the reader (Anderson, 2006). For many autoethnographers, however, any putative boundary is blurred, and as Tedlock (2013, 361) argues: "the combining of evocative with analytic forms of autoethnography produces powerful writing about the self in the world in order to help change the world". To communicate the interrelationship between the portfolio and existing literature, it is appropriate for me to write predominantly within the analytic tradition (Atkinson, 2006). Elements of the thesis, however, have been composed using an evocative turn, to bind my story together with a personal account that contextualises, situates, and underpins my reflections (Colosi, 2016; Vryan, 2006) and unique contribution to knowledge.

This thesis is structured using the domains of critical practice (Barnett, 1997) as a theoretical framework; demonstrably aligning my original contribution to knowledge, the portfolio of evidence, with my journey of personal growth and development. Brechin (2000) effectively draws upon and summarises the core aims and purpose of this theoretical frame:

> "professional education and development needs to draw out a capacity not only for critical analysis and critical action but also for critical reflexivity, combining to create an awareness of the circular and interactive processes by which the 'self' develops as a critical practitioner." (Brechin, 2000, 30).

Figure one: Three domains of critical practice (adapted from: Barnett, 1997, 105)



The theoretical framework is utilised, within this thesis, as a practical structure, to marry together my evocative autoethnographic narrative of the portfolio formation (chapter two - critical action), with the analytical autoethnographic elements that situate my journey within the wider socio-political context (chapter three - critical analysis) and a meaningful exploration of my assumptions, values, ethical considerations and ability to advocate for others (chapter four - critical reflexivity). Finally, the concept of critical practice (chapter five) is used to draw conclusions about whether it is possible for an EbE to be a critical practitioner in their own right, and if so, what their role is or might be in shaping care services (Freshwater and Rolfe, 2001). In this final chapter, I draw together the evidence of how I have developed and enhanced the role of EbE in maternity services, proactively contributing new knowledge to the field, regarding the uses, impact and value of service-user narratives within healthcare.

Chapter two Critical action: an evocative autoethnographic narrative linking my life experiences to my actions

Alone in my bedroom, I breathe. Pausing, preparing myself. Facing a moment, I've been putting off. The voice in my head telling me "this is stupid, this is limiting". It's only a box. Tentatively I reach upwards to a high shelf in my wardrobe. It's dusty up here, perhaps I should clean up as I go? Maybe if I just go and fetch a duster? I catch myself, conscious my mind is desperately trying to distract me again, to move me away from the box. Besides, I can't reach it anyway. Suddenly I feel small, too small to handle this by myself. If my husband was here, he could reach the box, he'd fetch it down easily. He could simply pick it up and hand it to me. It's merely a box after all. I close my eyes and pause once more. I visually imagine the contents, and steel myself. This box is holding me back, and I can't be that person anymore. I fetch my dressing table stool to raise me up, to bolster me. Standing taller, I reach forwards moving aside the happy boxes containing my wedding dress, my prom-dress and childhood photographs, and stare furtively at the brown cardboard box in front of me; almost surprised it's still there. The box feels dry against my fingertips, dusty and unloved. The words "master bedroom" have been scrawled across in black marker pen from a house move ten years ago. I've never unpacked this box, and a wave of guilt washes over me. How could I be so disrespectful? What kind of person does that? Is this healthy? Normal? Why have I kept this box so separate from the rest of my life; and how much of my life has been shaped by this box? Frustrated, I sit on my bed, and rip off the tape, temporarily amused my life has become my research.

Opening the box, I see a small toy white rabbit. I touch its soft fabric and smile. Hello old friend, I did not know I'd missed you. For I had held this rabbit through lonely nights, packed it in suitcases for strength on travels and spoken to it during my lowest moments. I no longer want to turn back; the rabbit is out of the box.

Beneath the rabbit, there is a photo album, and a creamy-yellow fabric covered box, embroidered with the words "Isabella's Toy Box". There are cards, letters and scraps of paper with my emotions on them. Ripped and torn. Uncensored and raw. I open the album and stare at the photographs. I'm smiling in them. I'd never noticed before, and it catches me off guard. This is what I need to find. To reconnect with my memories in a way I never have, to tell my story and to reflexively justify, to myself more than anyone else, what it means to

become an expert through and by your own painful experience. For that, I need to go back, much earlier in my story.

At a 14-week scan, my life changed. Whilst it seems dramatic now, to say it changed my life forever, I believe it did. I believe every action slightly alters and shifts our life-course and shapes who we are, who we become. So, for me, it is no underestimation to say this conversation changed who I am. I lay on the couch with my husband to my left and the sonographer to my right; I can feel the rough off-white paper rolled out underneath me, I wiggle my top up and awkwardly, my trouser waistband down. I'm nervous with excitement about seeing our baby for the first time, giggling about being unsure of where to put my arms and how difficult it will soon get to climb up onto the couch. More paper towel is pushed roughly into the top of my trousers, to protect them. "Oh, I'm not bothered" I say flippantly, "do anything you like". As the last appointment of the day, a small squeeze of warm gel is dispensed on to my abdomen. It's empty, so a new bottle of surprisingly cold gel is rapidly dispensed, much faster than expected. "I bet you wish you'd not said that now!" speaking with a warm jovial voice and a thick South African accent. Then she dimmed the lights, and silence fell. I took my husband's hand. He held it tightly in both of his. She moved the cold probe around my belly, clicking and examining images on the screen for a few minutes. I couldn't see the screen myself, I was desperate to see, but I never saw an image of baby. She stood up abruptly, "I can't find a heartbeat… I have to go get someone." The warmth in her voice had gone, and she left the room.

I lay pinned to the couch, the weight of her words pressing down on my chest. We said nothing. "Should I move? Did I need to stay here? Was she getting me a second opinion? Was it she couldn't find the heartbeat, but it was probably there?" These questions started falling from my mouth like a barrage of grenades at my husband, who looked shocked and grey. "No… no, I don't think so. Otherwise, she would have come back." I realised time had passed, and I was still laying there, covered in cold gel and paper, waiting for someone to tell me it was fine. I sat up, cleaned myself with the paper and together we stepped out into bright, empty corridor. "Everyone has gone," she said, "I'm so sorry. I'll make sure someone calls you tomorrow, about what happens next" and with that, we were ushered out of the building. Out into the freezing December air, I struggle to breathe, tears now running down my cheeks. My husband silently drives us home.

After a brief and sterile phone call the following day, I arrive at a different hospital for surgery. My nurse is very matter of fact and clinical in her manner, providing me with clear instructions

and detailed timeframes: “I’ll be back in three minutes, please make sure you’ve stripped off and have your gown on by the time I return. No underwear and no jewellery.” The level of formality shocks me, silences me, ultimately producing the desired level of conformity. We say nothing, as I change and get into the bed. A tear runs down my cheek, like so many times in the last 24 hours, and my husband tenderly wipes it aside. “You can do this,” he says, “I’ll be waiting for when you get back”. The nurse returns with a porter. As my hand leaves my husband’s, I cry, silently but uncontrollably. Lost in the injustice of everything I loved being physically and brutally pulled away from my body. The nurse lent in, as if to offer me some comfort or pastoral guidance: “You shouldn’t’ve had sex in the first place, Love, if you’re not mature enough to live with the consequences. You’ve made your bed, the least you can do is stand by your decisions when it all goes wrong”. I hadn’t the courage or strength to reply. What did she mean, stand by my decisions? Mentally alone, I counted backwards from ten, rapidly drifting off to a welcome sleep.

Upon waking, my husband was beside me and looked so forlorn, I needed to smile at him. “Hey you” he said. “It’s all over now my love.” The nurse returns. Sheepishly, she approaches the bed and sits down. “I’m sorry for your loss, Mrs Hunt. I assumed you were here for an abortion; we get so many young women down here for that.” She left, and I didn’t see her again. Her candid apology shocked me, and I thought of it often. Why would it be acceptable to speak to me like that regardless of my decision or otherwise to be there? Does she speak to other ‘young women’ in that manner? If she does not support a woman’s right to choose, why would she work in that environment? Months later, I challenged this through the Patient Advisory Liaison Service and received an apology. But I didn’t want an apology, I wanted a change. Looking back, it was the first time I recognised I needed to act in order to make things change, but it also destroyed me. Taking away my confidence and voice. This emotionally vicious treatment left me powerless, without the strength to fight a seemingly uncaring system. It took a year for me to decide to try again for a much-wanted baby, needing to gain strength to re-enter a heartless healthcare system.

Seven disappointing, unremarkable and emotionally hardening pregnancies later I was sat in the same sonographer’s room, awaiting a scan. “I know the drill” I joked, humour now being the way I tried to improve the lives of the poor healthcare professionals who surrounded me. I felt sorry for them, trying to act positively every time they saw me, pretending they thought this ‘might be the one’. Watching their faces fall at the gravity of having to share bad news. I used

humour to deflect the pain and seriousness of the situation; to make it lighter for everyone else, and above all to project an image of calm, accepting, confidence. A brave face of stoic, undefeated resilience. "Your baby is doing fine, a strong heartbeat. Here can you see" turning the screen towards me, as if to open a door for the first time. "I'll do some measurements now, but everything looks fine". Silent tears once again fall, but this time the room stays warm and she hands me some small black and white photographs. "You're meant to pay for these" she says; "but I think you've earnt them", there's pride in her voice. "Come on, I'll take you back through."

Everyday feels long and draining, I'm tired from being constantly scared. We tell no one of my pregnancy; we stopped telling people a few pregnancies ago. I was sick of breaking the hearts of others, of making them feel helpless, and I was sick of the well-meaning motivating speeches: "you get to have loads of fun trying again"; "it was only early"; "you can't miss what you never had".

At 17 weeks, I have another successful scan, "don't hold me to this, but I think it's a girl". Our girl, our daughter. With this news, I ditch my baggy clothes, and once again proudly and publicly share my success. I'd done it, my baby was finally growing happily, and I couldn't be prouder than when she started kicking. I was a mother. I set about decorating a nursery, buying furniture and clothes. It was the most content I had ever been.

Time past and I needed to attend a conference for work. This excited me, as it was also being attended by two old friends from university. We'd worked hard to engineer this opportunity, getting our respective managers to agree our attendance; calling ahead for rooms next to each other; agreeing our workshop selection by email. I couldn't wait for my friends to see my bump, my glow, my palpable happiness.

"Can I feel her kick?" "of course, I'll let you know when." I picked up a small blue-glass table decoration and rubbed it between my fingers, willing her to kick. I waited through dinner for a kick, then all night long I stared at the ceiling. Waiting. Convincing myself, with each passing hour, I must have felt something. Maybe I fell asleep? Maybe I missed it. At breakfast, I was worried. By the end of the first workshop, I needed to leave. I accessed an emergency GP, who reassured me this was normal, but referred me to the local hospital anyway; just to put me at ease. I attended the hospital and was shown a reassuring level of compassion. When a heartbeat couldn't be found by sonicaid they tell me "it's not unusual", but hurriedly took me to scan. It's a large multi-couch room, with curtains separating the bays; there are shoes

visible beneath the curtains and popping out at the end of couches. There's a backdrop of activity and life. It's a hundred miles from my usual, cold, yet familiar space.

"Do you know what you're having? I don't want to accidentally give anything away, if you're waiting for a surprise." "A girl," I say proudly, "but you can double check if you like!" briefly forgetting the purpose of my visit and getting caught up in the excitement and reassurance. "What's her name?" "Well, my husband thinks it might be Bethany; but it isn't. It's Isabella Grace". "Well let's have a little look at what Isabella is up to shall we? Little madam, causing her momma all this stress."

The kindly woman falls silent, steels herself and says the words that broke my heart: "I'm so sorry, but she's gone."

Back home, I await the phone call. The instructions about what to do next, about what needs to be done to me.

Two days of carrying around my daughter later I arrive at the antenatal clinic, surrounded by joyful, expectant couples. My face is blank, emotionless. I will never know if I was given bad advice on the phone about where in the hospital to go, or if I was on autopilot and unable to recall any of the details. But we sat in the waiting room of the antenatal clinic for over an hour, before someone realised, we weren't supposed to be there. This was the place for happy people.

Someone was sent to collect me. I recognised her face - it was my best friend from school - she threw her arms around me as I sobbed uncontrollably. We spoke for as long as she could sit with me. Before she left, she gave me the following words that have always stayed with me, as a gift: "She's just a baby Soph, don't be scared of her. She'll be tinier and much pinker than you expect, but she'll still look like a baby. She'll always be your baby, and you get to love her forever, just the same."

Labour ward was hard; I was shown deep respect and compassion by the midwives, but nothing could stop the audible cries of new-born babies, and elation of parents travelling down the corridor. I was offered, and gladly accepted, every available medication. My pain was no longer physical, and I could barely keep track of my emotional pain either. My husband

however, had to endure every raw, painstaking, exhausting minute and I cannot begin to imagine how difficult that must have been.

Nothing prepares you for giving birth to a dead baby. Not even knowing in advance. A big part of me still expected her to cry, to be comforted and to look at me for the first time. I held her for hours, we made memories and took photographs.

In the following weeks and months, I wrote letters to my daughter; to heal, to reflect and above all, to remember. Reading these letters now is powerful and emotive, I am overwhelmed by how small and disempowered I had felt. So vulnerable and accepting of medical power, and what professionals felt was in my best interests. I had no voice, no control, no confidence or self-value.

I should be holding you now, staring at you in awe for hours. Feeding you, comforting you, loving you. Getting to know you. But I already know you. You are my soul, my wisdom and how I find peace. How can one so small and so absent be all of these things?

How can I fight the fears that you are nothingness – that you can't take care of me, any more than I can take care of you. Or worse still, that you don't need me.

What is a mother when no longer needed? I let you down in the worst possible, imaginable way… I'm sorry, so so truly sorry.

Extracted from a letter to Isabella Grace, 13 April 2005

Attending hospital again, to hear the outcomes of my daughter's post-mortem, was a surreal experience. The same corridor, chairs, posters and notices still littering the walls; nothing had changed, yet I was someone different. Altered from the excited, joyous woman who last walked there. I hated that corridor, somehow all my feelings of blame, guilt, shame and self-disgust resided in that corridor. A midwife I knew walked past me, obviously noticing my bump had gone: "Hello, you look tired, how are you getting on?" she chirped. "Not great" I replied. "Well, the first six months are always the hardest" she said kindly, taking a seat

beside me, touching my arm. “I guess so” “What did you call her?” “Isabella Grace,” I responded, buoyed and turning to face the midwife. In an all-consuming existence of constant pain, I felt a temporary moment of friendship, of relief. She’d bothered to ask me her name, to speak of her as a person, rather than dehumanising her to medicalise the problem and remove emotional connections. This felt restorative and for those fleeting seconds, it lifted me. She shrugged her shoulders, “So, where is she? Can I have a cheeky cuddle?” and with that my walls came back up, this time fortified by anger. I snap, coldly “She’s dead, so probably best not”. I glare deeply at the midwife who is visibly shaken, hurting and scared of my words. It is the first time I’d emotionally lashed out in this manner and uncomfortably, it made me feel better; stronger and more in control.

This verbally-violent and spiteful mood continued as I moved into the room with my consultant, who started the appointment by saying: “Okay, so, the good news is, she was perfect. We were unable to find anything at all wrong, with your baby”. After a brief, but argumentative conversation regarding what made that “good news” he started attempting to bring the uncomfortable appointment to a close: “you’re only what? 26? There was nothing wrong with your baby, so you don’t have anything to worry about. Next time, everything should be fine”. I laugh aloud, and with this, I’m hysterical, unable to breathe or control my emotional responses. Snivelling, I must ask for a tissue, he searches round the room, and all he can offer me is a piece of hand towel. Who would deliver a woman her baby’s post-mortem results, without a box of tissues? This incompetent thoughtlessness antagonises me further, resulting in a torrent of aggressive questions, unleashed without pause: “Why does it matter I’m only 26? Would my baby be ‘more dead’ if I was older? Why does it not matter so much because I’m young? You’re saying the problem is with me. You’ve no idea how, but I’ve somehow managed to kill my perfectly good baby - is that what you’re saying?”

I cannot recall much of the rest of the appointment; lost in the come-down of adrenaline and cathartic-release. But I calmed when he openly agreed with me, he didn’t have the answers. There was something wrong. He couldn’t explain why it had happened, so he couldn’t offer a solution. I pitied him. I realised how much he wanted to ‘fix’ this problem and to have the answers. He showed humility and above all, humanity. We discussed research he had read about in a medical journal, being undertaken at St Mary’s Hospital in London, and we agreed he would try to get me referred there. At the close, I thanked him. Maybe, one day, there would be hope again.

Things must happen for a reason – I just don't know it yet – or maybe I do. What if this was, and you were, the reason itself?
You and losing you – what if there was a purpose? To give me courage. To change my life. To show me how precious life is and to give me a guiding angel.

I believe you are my reason, perfect just the way you are… You have taught me so much, bravery, strength, compassion and above all, unconditional love.

Extracted from a letter to Isabella Grace, undated

The referral process and acceptance on to the research trial was more time consuming and drawn-out than I imagined it would be. I was eager to get started, desperate for a quick fix solution. But we endured a long process, of suitability interviewing and months of health monitoring, prior to acceptance on to the trial, they needed to know we could handle the emotional and physical risks it entailed. However, this was offset by the outstanding level of emotional care we received from the principal investigator and her team. She was shocked at my experiences, and how long it had taken for me to be taken seriously. She said my age and overall good health meant there clearly was an undiagnosed problem; a primary reason I had lost my babies that needed to be found, not ignored. She let me talk about my babies, she valued me sharing my experiences and a sense of liberation came from being understood. This validated me, I was finally being listened to, heard.

I dared to hope. I started volunteering with two organisations to provide support women experiencing pregnancy loss, and I found strength in hearing the stories of others, offering them my time and empathy. I provided telephone support to women in their lowest hours and as I listened to their stories, we found joint comfort in knowing we were not alone.

Through the basic counselling training I undertook, I learnt to emotionally separate my own experiences from those of the women I spoke with. As I listened, I valued the differences between our stories and yet recognised the multiple and profound ways in which we, collectively as women, expressed our grief and loss to the world. This therapeutic skill set began to professionalise my approach, I became a wounded healer (Jung, 1954), and openly acknowledging this positionality deepened our shared understanding of their stories and

enabled me to elicit meaning. This was a significant step forwards for me, in terms of my personal skill set and ability to communicate my grief in a professionalised environment.

The women's message was consistently of feeling lost and helpless, a burden to their partners, family and friends. Each time I spoke with a woman, my mind drew parallels between their stories and my own experiences, echoed by others I'd heard. I became cognisant of how awkward we all felt discussing pregnancy loss with others; it made us feel embarrassment and shame. How socially unacceptable it was to grieve for an unborn baby or discuss that grief openly. This aligns with the notion of "disenfranchised grief" (Doka, 1999, 37), where the griever is not supported, or sometimes even acknowledged, to have experienced loss and therefore does not receive the same compassion as other mourners. The women I spoke with eloquently described how I had been feeling all this time: isolated and muted. A failure for being unable to carry my children, and a self-absorbed disgrace for ever bringing the subject up again.

It's your first birthday… No one likes my sadness. It's not that I expect them to, but even my family have moved on… There're pregnant women everywhere, and they're killing me. It hurts to breathe around them, like my ribs are broken and crushing my lungs. Its true jealousy can drive you insane… On my own, I can think about you every second: what you were like, what you are like, what could have been. I repeat the same things in my mind every day, twice a day. I promise I won't forget the slightest detail.

Extracted from a letter to Isabella Grace, 9 April 2006

The research trial itself was frustratingly long; we had to agree to certain terms, such as not trying to conceive outside of the specified project parameters, which in practical terms, meant more waiting. When I did conceive on the trial, and then miscarry again it felt like a huge step backwards. I was never told whether I had been in a control group at this time, receiving a placebo treatment, but recognising this was a possibility, ultimately prevented me from losing faith in the experimental treatment.

In February 2007, I was pregnant again, and I was struggling emotionally to cope with the stress and anxiety that comes with pregnancy after recurrent miscarriage. All-consuming

thoughts of loss and pain marred my every waking moment. Obsessively, I was recording in a journal every emotion and change in my body, desperate to notice the slightest sign something wasn't right, to pick up on any cues my baby needed help.

9 March 2007:

Looking at you [on the scan] today, you look more like a baby and that helps me be positive, but at the same time, I'm scared, with each passing day I gain more to lose.

24 April 2007:

I've decided not to go to the antenatal classes, I really don't think I can go and make friends with the 'mums-to-be'. It wouldn't be fair on me, or them for that matter!! Who wants to be reminded babies can, and do, just die without a good reason!

Extracts from my pregnancy journal

Furthermore, I was struggling with the ethical challenges of being on a research trial. I was allocated to a trial group where the treatment was scheduled to be withdrawn, part way through my pregnancy, and this caused significant internal conflict. I felt morally torn between my fears that the planned withdrawal of treatment might result in late pregnancy loss and the need to maintain the integrity of the research. Should I withdraw from the treatment, as instructed? Or ask to continue with it? I felt continuing would offer me a better outcome for my baby, but it would also force the research team to remove my data from the trial.

I felt a loyalty to the research team who had cared for me and the future women they may be able to help through finding a strong evidence base; but also, a human desire to secure the best outcome for me and my own baby. My decision to stop treatment was hard one, but I stopped the treatment in accordance with the research plan. I made this difficult choice,

because of the women I spoke to, who had experienced loss and grief. Their voices made me more resolute; they gave me the strength to succeed and make a difference.

When the research trial was successful and my first son was born in late September 2007, I couldn't let him out of my sight. I couldn't let others hold him, or even sleep for fear of losing him. I couldn't trust my good fortune, nor had I engaged with any preparation for parenthood. I hadn't read about anything 'post-pregnancy' or attended an antenatal class. I couldn't let my guard down, until I knew he was ours to keep.

Fast-forward three years, and I was content with the homeostatic nature of my new 'normal' life and upon adding a second child into our perfect little family in 2010 my personal healing finally began. Lost in the challenges of parenthood, I put aside my desire for change. Proudly reaping the benefits of the now established treatment plan that emerged from the clinical trial. Captivated by the value of research and knowledge generation, I sought employment within a higher education institution (HEI), successfully transitioning into a management role in 2012, designing professional development opportunities for HCPs.

In 2013, I experienced pregnancy loss again, losing one baby from what turned out to be a twin pregnancy. This conflict between success and failure, delight and grief, reconnected me with my earlier experiences and emotions. It was a powerful epiphany of how I had needed to become a mother in order to heal and find the confidence to have a voice; and yet I had allowed myself to become silent and accepting, through my own contentment and personal success. I wondered how many of the women I'd once comforted had experienced this life-changing fulfilment, and if not, who was sharing their voice?

In the early days following pregnancy loss, I took small, logical actions: making a complaint to the hospital where I received poor care (2003), and fundraising for established charities (2005). As my determination grew, I began offering direct support to others through a

recurrent miscarriage organisation and finally, following the loss of my daughter, I found the courage to become a participant in a clinical research trial. It was through this research trial, and the compassion of the expert team leading it, I experienced the most healing and self-empowering part of my journey, successfully becoming a mother (2007). This made me realise the impact, the gravity and the life changing power people with real expertise can have on the lives of others. I wanted to make more of a difference. For this, I needed to find my voice, expand my knowledge and become more strategic, if I truly wanted to influence real and lasting change for women.

In 2013, I happened upon an opportunity being advertised within a work email; it was for lay people to become involved in the work of the Nursing and Midwifery Council (NMC) and I felt an instant rush of excitement, this was a potential opportunity for me to make a difference. I applied for, and was successfully appointed as, an NMC Quality Assurance (QA) Lay Reviewer (LR). It was the first time the NMC engaged with service-users as peers to the Registrant Reviewers (RRs), who were registered nurses and midwives selected for their significant experience in higher education (HE). This created some challenges that at times seemed insurmountable to me, with regards to the volume of information and the complexities of the statutory and regulatory requirements of nurses and midwives. I was also, on occasion, belittled and treated in a tokenistic manner by a small number of the RRs who did not appear to recognise the need to include service-users in these roles. To them, I was not a peer, and the traditional, power-based roles of expert and patient needed to be maintained. I decided early on I wanted to prove to these registrants how valuable I, and other LRs, could be to QA. I read extensively to gain a solid understanding of the legal and regulatory framework underpinning the NMC Standards, and practised and refined my interviewing skills, seeking a way to effectively elicit and document the personal lived experiences of others.

The NMC QA monitoring visit reports submitted as part of this portfolio (appendix two) are co-authored between myself and the RRs I worked with. These three reports have been selected, from ten visits I undertook, to portray the increasing emphasis placed upon seeking and valuing the voice of service-users and carers in the QA of education programmes. I have selected reports from across the UK, reflecting how the nuances of healthcare provision vary across the devolved countries. This breadth of experience gained from working in England, Scotland and Wales, and across midwifery, the four fields of nursing practice and post-registration programmes has been beneficial to my personal development and growing

expertise in the QA of healthcare education. It has expanded my thinking about services being offered at a local level, to a wider, more transferable knowledge base. This has enabled me to analyse more thoroughly and interpret the voices of service-users and carers in a thematic way, extracting wider meaning and value from the context in which that voice is initially portrayed. Collectively, these have influenced my personal growth and development of expertise and how subsequently I have applied this to represent the women I have worked with and shape HCP education.

One facet of the NMC's QA framework was to monitor the statutory functions of NHS Local Supervising Authorities (LSAs) who were responsible for the provision of maternity services across the UK. LSAs were a long-standing, regulatory oversight function I had never heard of before. A significant part of their remit was, under the direction of the LSA Midwifery Officer (LSAMO), to monitor the effectiveness of midwifery supervision and maternity care standards within their region *(The Nursing and Midwifery Council (Midwives) Rules Order of Council 2012)*. Therefore, I was pleased to be requested to join three of the NMC QA monitoring review teams focusing on maternity care. Since the dissolution of LSAs in 2017 (Department of Health and Social Care, 2016; NHS England, 2016b), these reports are not accessible; however, I received feedback from the review managers on my performance at these reviews, and on the quality of my report writing (appendix section one).

Once I understood the structure and function of the LSA, I sought opportunities for my own voice to be heard, contacting the LSAMO for the North of England, where I had given birth to my own children. I was warmly invited to sit as a Lay Auditor on its maternity service review audit teams (NHS England, 2016a), which involved carrying out woman-centred research at hospital and community sites within the area. Over the year, I conducted qualitative interviews with 48 women and 21 birth partners accessing maternity services provided by six NHS Trusts. During my time within each NHS Trust, I was able to freely meet with women and families in order to provide meaningful feedback and recommendations. In order to gather my evidence, I utilised micro-phenomenological interviewing techniques (Ollagnier-Beldame and Cazemajou, 2019; Vermersch, 2012, 1994; Petitmengin, 2006), to study lived experience and elicit meaning. The results of these interviews were summarised into short, synoptic reports for the LSAMO, and samples of these reports are provided within this portfolio (appendix three) to demonstrate how I engaged directly with women and families in different settings, to create meaningful recommendations to HCPs, to promote positive action and service-user initiated changes. This included the identification of how women at one Hospital Trust described feeling pressured into trying breastfeeding, and that one woman had subsequently

hidden her feeding choices from her midwife, for fear of being reprimanded. This was listened to and represented within the LSA Action Plan for the Trust.

Upon completion of the audits, I was invited to speak at the NHS England North Maternity Services Conference (appendix four). I was asked to talk about my personal experiences and share the voices of women and families I had heard through undertaking the audits. The key focus of my presentation was on encouraging professionals to reflect and to hear the perceptions of people who receive their care. This presentation was well received and provoked discussion within the conference and on social media.

In 2017, through the development of a strong relationship with a senior leader at the NMC who recognised and respected my established lay expertise within the field, I was invited to become a subject matter expert for the NMC's review of nursing and midwifery education (appendix six). The focus of my role was as an advocate for the inclusion and integration of public voice within the regulatory framework. I sat as the sole lay member of the Subject Matter Expert Working Group for the Standards Framework for Nursing and Midwifery Education, ensuring and supporting the assimilation of the public consultation into the final published Standards. During these meetings, one notable change I advocated for, amongst many things, was a change in the language used the NMC, resulting in a semantic change from 'service-users and carers' to 'people' who access services. The Professional Standards framework was established under the provisions of Article 15(1) of *The Nursing and Midwifery Order 2001* and therefore this now applies to all approved education institutions and their practice learning partners (PLPs) running NMC approved education programmes throughout the UK (NMC, 2018a).

As a result of my high-level engagement with the NMC's overarching Standards framework and role in evaluation of maternity services, I was invited to sit on the Midwifery Programme Standards Reference Group (appendix six). This group focused on the development of bespoke requirements for pre-registration midwifery education programmes (NMC, 2019), and therefore required highly specialised knowledge of midwifery practice and language. I was invited to be the sole service-user representative on this group of specialists, and I proactively advocated for the inclusion of women and family-centred language and practices within the

education and training standards, shaping the terminology of this profession. This demonstrates an original contribution to the development of new knowledge through the construction of these clear, unambiguous programme standards and regulatory requirements within HE.

I combined my knowledge of the NMC education standards (NMC, 2018a) and my experiences of being, and working collaboratively with, experts by experience, to facilitate coproduction at one HEI, on their nursing curriculum (appendix five). I utilised my skills in interviewing and thematic inquiry to capture innovatively the service-user and carer voice and support the programme team to assimilate and integrate this into their programme design.

In line with the launch of the NMC's new Professional Standards framework 'Realising Professionalism: Standards for Education and Training' (NMC, 2018a), the NMC and Mott MacDonald started to engage lay people in the prospective education programme approval processes. It seemed a natural progression that I was invited to become an NMC lay QA visitor (LV) from the inception of the role in 2019 and have subsequently undertaken prospective programme approval at 15 HEIs, many of which have involved multiple routes through an award and are, therefore, complex in nature. The three reports submitted demonstrate how I have worked to ensure the experiences of service-users and carers involved with the programme development teams have been captured and recorded (appendix six). This LV role requires extensive and specialist knowledge of all areas of the NMC's Professional Standards. I have demonstrated holding this expert knowledge across different parts of the NMC register, sitting on the validation and approval panels for nursing, midwifery and nursing associate programmes. In recognition of this expertise, I was interviewed about the variety of work I have undertaken for the NMC newsletter and webpages (appendix seven). The purpose of this interview was to highlight the value and impact lay people can have on the work of the NMC (Hamilton, 2019).

Feedback from LVs on their role preparation for undertaking QA visits identified to Mott MacDonald a clear need for additional training to be provided to individuals who had no

experience of healthcare education within a HEI. This gap in knowledge and experience meant some LVs did not know what to expect from university validation and approval processes, or how to manage challenging scenarios that may occur within these formal processes. I was approached, as an experienced LV seen to be carrying out the role to a high level, to explore this problem with a senior member of the education QA team. The concept of developing video scenarios, as a platform to stimulate discussion regarding best practice and management techniques, was formed and I was asked to put this into action. The innovative video scenarios (appendix nine) I created are fictional, but reflective of a series of case scenarios, that can occur during approval visits. I presented these videos during a LV training event, and then led a developmental discussion-based workshop. Planning and delivering this training to other LVs demonstrates I have become recognised as an expert amongst experts by experience.

In January 2020, the NMC made the decision to request an extraordinary review to be undertaken into Staffordshire University and its pre-registration nursing and midwifery placements at the Shrewsbury and Telford Hospital Trust (NMC, 2020). I was approached to be the LV for midwifery provision on this extraordinary review team of seven people. This was a complex and targeted review that required the intense scrutiny of documentation prior to the physical visit, and then the ability to collate, interpret, triangulate and rapidly assimilate verbal evidence presented during focus groups and interviews during the three-day visit in February. Immediately following this visit, I compiled a report of my findings, as the LV, and this was submitted to the Lead Visitor for integration into the final team report, that is published on the NMC website (appendix 10).

Reflecting analytically on my journey of 18 years (see figure two), I consider I have made a substantial difference to the healthcare sector; most notably through ensuring the voices of women and families are heard within the education of current and future HCPs. The innovative and varied ways in which I have created this original contribution (see table one) represents a significant step forwards in the role and contribution EbE are able make to healthcare; yet, I am conscious there is still a long way to go in ensuring a wider breadth of voice and experience can be heard. In the next chapters, I critically analyse and reflect upon the contentious nature of claiming expertise through experience, the ethical issues I have

encountered on my journey and how pervasive power imbalances continue to discourage people with lived experiences from fully determining and directing their own care. Within the concluding chapter of this thesis, I outline my personal next steps, in the drive towards the empowerment of women in maternity care. In the context of this aim, the term 'empowerment' in maternity services is defined as:

> "a process by which those who have been disempowered are able to increase their self-efficacy, make life-enhancing decisions, and obtain control over resources. In addition, empowerment is multidimensional - a woman may be empowered in one dimension or sphere (such as financial) but not in another (such as in sexual and reproductive decision-making)." (Prata et al., 2017, 352)

This definition of empowerment is integral to the conceptualisation, and planning of my next steps, including research, the education and training of current, and future, HCPs and identification of further EbE roles.

Figure two: High level timeline of development of expertise through own experiences between 2003 and 2020.

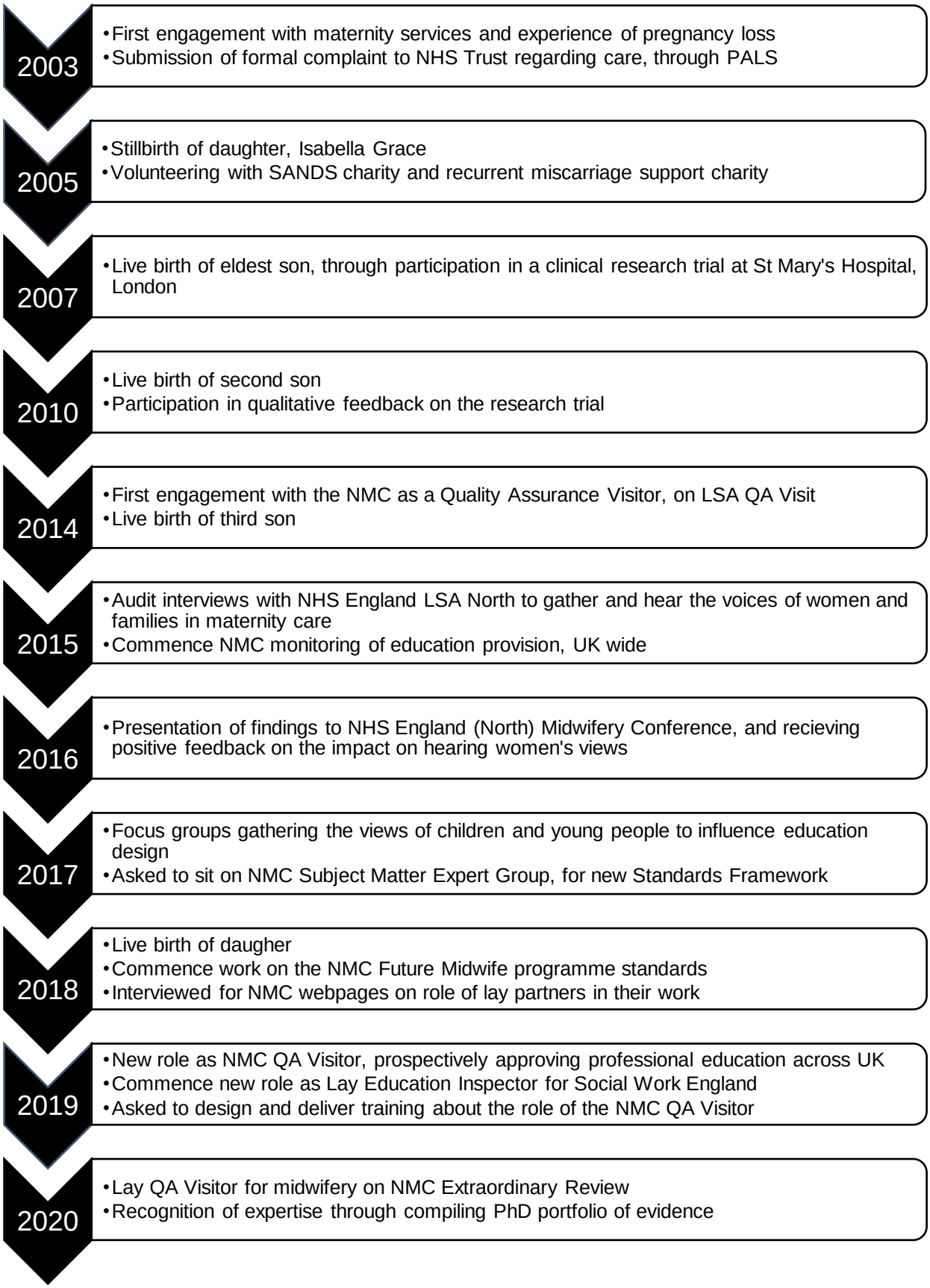

2003
•First engagement with maternity services and experience of pregnancy loss
•Submission of formal complaint to NHS Trust regarding care, through PALS
2005
•Stillbirth of daughter, Isabella Grace
•Volunteering with SANDS charity and recurrent miscarriage support charity
2007
•Live birth of eldest son, through participation in a clinical research trial at St Mary's Hospital, London
2010
•Live birth of second son
•Participation in qualitative feedback on the research trial
2014
•First engagement with the NMC as a Quality Assurance Visitor, on LSA QA Visit
•Live birth of third son
2015
•Audit interviews with NHS England LSA North to gather and hear the voices of women and families in maternity care
•Commence NMC monitoring of education provision, UK wide
2016
•Presentation of findings to NHS England (North) Midwifery Conference, and recieving positive feedback on the impact on hearing women's views
2017
•Focus groups gathering the views of children and young people to influence education design
•Asked to sit on NMC Subject Matter Expert Group, for new Standards Framework
2018
•Live birth of daugher
•Commence work on the NMC Future Midwife programme standards
•Interviewed for NMC webpages on role of lay partners in their work
2019
•New role as NMC QA Visitor, prospectively approving professional education across UK
•Commence new role as Lay Education Inspector for Social Work England
•Asked to design and deliver training about the role of the NMC QA Visitor
2020
•Lay QA Visitor for midwifery on NMC Extraordinary Review
•Recognition of expertise through compiling PhD portfolio of evidence

Table one: Detailed timeline of expert by experience roles and evidence (linked to the portfolio), formulated between 2014 and 2020.

Year	Substantive role / EbE role(s) undertaken	Outputs evidencing EbE role(s)	Impact and contribution to the education, training and professional development of Nurses and Midwives
2014	**Substantive role:** Professional Development Centre Manager, College of Social Science, University of Lincoln **EbE role:** NMC Lay Reviewer - Education Monitoring **EbE role:** NMC Lay Reviewer - Local Supervising Authority (LSA) Monitoring	McTaggart, I., Hunt, S., Cortis, J. and Rouse, J. (2014) *Annual monitoring report of performance in mitigating key risks identified in the NMC Quality Assurance framework for nursing and midwifery education: University of Manchester.* UK: NMC. Available from https://www.nmc.org.uk/education/quality-assurance-of-education/how-we-monitor-education-institutions/monitoring-results/ [accessed 08 February 2020]. Poulton, B., Hunt, S. et al. (2014) *Monitoring report of performance in mitigating key risks identified in the NMC Quality Assurance framework for Local Supervising Authorities: South Central, HEE Region.* UK: NMC. **See appendix 1.1**	One of the first Lay Reviewers to undertake quality assurance monitoring on behalf of the NMC. The education QA monitoring had a direct impact on the education and training of nurses at the University of Manchester (nursing adult and child fields). The findings of the LSA Monitoring Visit had a direct impact on maternity care services and delivery in the South-Central Region.
2015	**Substantive role:** Professional Development Centre Manager, College of Social Science, University of Lincoln **EbE role:** NMC Lay Reviewer - Education Monitoring **EbE role:** NMC Lay Reviewer - LSA Monitoring	Hunt, S. (2015a) *Local Supervising Authority Audit Report for York Teaching Hospitals NHS Foundation Trust.* Leeds: Health Education England, Yorkshire and Humber Region. Hunt, S. (2015b) *Local Supervising Authority Audit Report for Hull and East Yorkshire NHS Foundation Trust.* Leeds: Health Education England, Yorkshire and Humber Region.	LSA Audit visits aimed to ensure that *The Nursing and Midwifery Council (Midwives) Rules Order of Council 2012* were being maintained, and if not, a restorative action plan would be created. These reports reflected the women's and families' views I gathered regarding key topic areas, as part of the audits at: • York Teaching Hospitals • Hull and East Yorkshire Hospitals. **See appendix 3.1**

	EbE role: LSA Lay Auditor, Yorkshire and Humber Region	McAndrew, P., Hunt, S. et al. (2015a) *Monitoring report of performance in mitigating key risks identified in the NMC Quality Assurance framework for Local Supervising Authorities: Midlands East and West, HEE Region.* UK: NMC. **See appendix 1.2**	The findings of the LSA Monitoring Visits had a direct impact on maternity care services and delivery in the: • Midlands, East and West Region • North West Region. The education QA monitoring had a direct impact on the education and training of nurses and midwives at the: • University of East Anglia • Glyndwr University.
		McAndrew, P., Hunt, S. et al. (2015b) *Monitoring report of performance in mitigating key risks identified in the NMC Quality Assurance framework for Local Supervising Authorities: North West, HEE Region.* UK: NMC. **See appendix 1.3**	
		Poulson, P., Hunt, S., Gormley, K. and Bowyer, J. (2015) *Annual monitoring report of performance in mitigating key risks identified in the NMC Quality Assurance framework for nursing and midwifery education: University of East Anglia.* UK: NMC. Available from https://www.nmc.org.uk/education/quality-assurance-of-education/how-we-monitor-education-institutions/monitoring-results/ [accessed 08 February 2020]. **See appendix 2.1**	
		Thompson, P., Hunt, S., Mercer, A. and Ryle, S. (2015) *Annual monitoring report of performance in mitigating key risks identified in the NMC Quality Assurance framework for nursing and midwifery education: Glyndwr University.* UK: NMC. Available from https://www.nmc.org.uk/education/quality-assurance-of-education/how-we-monitor-education-	

		institutions/monitoring-results/ [accessed 08 February 2020].	
2016	**Substantive role:** Professional Development Centre Manager, College of Social Science, University of Lincoln (until September 2016) **Substantive role:** Principal Lecturer (Enterprise) Health and Social Care, University of Lincoln (September 2016 onwards) **EbE role:** NMC Lay Reviewer - Education Monitoring **EbE role:** LSA Lay Auditor, Yorkshire and Humber Region	Bowyer, J., Hunt, S., Cortis, J. and Summers, K. (2016) *Annual monitoring report of performance in mitigating key risks identified in the NMC Quality Assurance framework for nursing and midwifery education: University of West of England in Bristol.* UK: NMC. Available from https://www.nmc.org.uk/education/quality-assurance-of-education/how-we-monitor-education-institutions/monitoring-results/ [accessed 08 February 2020]. Cutts, S., Hunt, S., Mudd, C. and Proud, C. (2016) *Annual monitoring report of performance in mitigating key risks identified in the NMC Quality Assurance framework for nursing and midwifery education: University of South Wales.* UK: NMC. Available from https://www.nmc.org.uk/education/quality-assurance-of-education/how-we-monitor-education-institutions/monitoring-results/ [accessed 08 February 2020]. **See appendix 2.2** Hunt, S. (2016a) *Local Supervising Authority Audit Report for Bradford University Teaching Hospitals NHS Trust.* Leeds: Health Education England, Yorkshire and Humber Region. Hunt, S. (2016b) *Local Supervising Authority Audit Report for North Lincolnshire and Goole Hospitals NHS Trust.* Leeds: Health Education England, Yorkshire and Humber Region.	LSA Audit visits aimed to ensure that *The Nursing and Midwifery Council (Midwives) Rules Order of Council 2012* were being maintained, and if not, a restorative action plan would be created. These reports reflected the women's and families' views I gathered regarding key topic areas, as part of the audits at: • Bradford University Teaching Hospital • North Lincolnshire and Goole Hospitals • Sheffield Teaching Hospital • Rotherham Foundation Trust. **See appendix 3.2 and 3.3** The education QA monitoring had a direct impact on the education and training of nurses and their mentors at the: • University of West of England • University of South Wales. The conference presentation I delivered at the LSA North Conference delivered my own experiences and those of women I had met during audit visits. A notable point that generated discussion amongst midwives as to stop apologising to women/partners for running late, but rather to explain, that it is due to every woman being given their full attention. Women repeatedly told me of their sympathy for the pressure that midwives were experiencing, meaning that they did not ask questions or raise concerns about their own health and wellbeing, for fear of adding to that burden.

		Hunt, S. (2016c) *Local Supervising Authority Audit Report for Sheffield Teaching Hospitals NHS Foundation Trust.* Leeds: Health Education England, Yorkshire and Humber Region.	
		Hunt, S. (2016d) *Local Supervising Authority Audit Report for Rotherham NHS Foundation Trust.* Leeds: Health Education England, Yorkshire and Humber Region.	
		Hunt, S. (2016e) *Exploring service user experiences to learn for the future.* In: LSA North of England Winter Conference, York, 1 December. York: Health Education England, North Region. **See appendix 4**	
2017	**Substantive role:** Principal Lecturer (Enterprise) Health and Social Care, University of Lincoln **EbE role:** NMC Lay Reviewer - Education Monitoring **EbE role:** NMC Subject Matter Expert - Standards Framework for nursing and midwifery education and training	Wallis, B., Hunt, S., Foley, J. and De, D. (2017) *Annual monitoring report of performance in mitigating key risks identified in the NMC Quality Assurance framework for nursing and midwifery education: Liverpool John Moores University.* UK: NMC. Available from https://www.nmc.org.uk/education/quality-assurance-of-education/how-we-monitor-education-institutions/monitoring-results/ [accessed 08 February 2020].	The education QA monitoring had a direct impact on the education and training of nurses, midwives and health visitors at the: • Liverpool John Moores University • University of West of Scotland. During 2017 and through to 2019, I undertook a variety of innovative public consultation projects in order to inform curriculum design for children's and young people's nursing programmes. Children and young people are considered seldom heard voices within curriculum design and therefore this project series has allowed young people to have an influential voice in shaping the future of children's nursing. **See appendix 5**
		Wallis, B., Hunt, S., Powell, A. and Hibberd, P. (2017) *Annual monitoring report of performance in mitigating key risks identified in the NMC Quality Assurance framework for nursing and midwifery education: University of West of Scotland.* UK: NMC. Available from	

		https://www.nmc.org.uk/education/quality-assurance-of-education/how-we-monitor-education-institutions/monitoring-results/ [accessed 08 February 2020]. **See appendix 2.3**	
2018	**Substantive role:** Principal Lecturer (Enterprise) Health and Social Care, University of Lincoln (until December 2018) **Substantive role:** Principal Lecturer (Lead for Practice Learning) Health and Social Care (December 2018 onwards) **EbE role:** NMC Subject Matter Expert - Professional Standards Framework **EbE role:** NMC Subject Matter Expert - Future Midwife Programme Standards	Contributions to the NMC Standards: • Realising Professionalism: Standards for Education and Training Part 1: Standards framework for nursing and midwifery education • Realising Professionalism: Standards for Education and Training Part 3: Standards for pre-registration midwifery programmes. **See appendix 6** Contributions to the University of Lincoln programme design and development: • MSc (pre-registration) Physiotherapy • BSc (Hons) Nursing (adult, child and mental health) • MSc Nursing (adult, child and mental health) • BSc (Hons) Paramedic Science • BSc (Hons) Midwifery • MSc (pre-registration) Occupational Therapy • FdSc Nursing Associate (apprenticeship)	Commencing from September 2017, I was invited to join the Subject Matter Expert consultation assimilation group, for the NMC's new education Standards Framework. I advocated for the explicit inclusion of coproduction within the final standards, and that service users should not be listed last when referring to relevant stakeholders (R1.12, 2.7). As well as contributing service user focused perspectives to many other key decision areas: including simulation, equality, diversity and inclusion and consent. As a Principal Lecturer within the School of Health and Social Care, I took on the role of Coproduction Lead for the design, development and approval of the suite of new health and social care programmes, including midwifery and the adult, child and mental health nursing fields of practice. I took on the role of Lead for Practice Learning for the School of Health and Social Care when the University was unable to fulfil the vacancy with a suitable applicant. Due to my extensive knowledge of the NMC QA Standards and healthcare professional, statutory and regulatory bodies I have been successful in this role, despite not being a registered HCP. The NMC Public Engagement lead recognised a need for greater awareness from staff members at the NMC with regards to the contribution and roles played by their lay

		Hamilton, J. (2019) Bringing the public voice into perspective. *NMC Insider*. London: NMC. Available from https://news-nmc.org.uk/t/129A-636OZ-4DUHQJTC32/cr.aspx [accessed 10 October 2020]. **See appendix 7**	partners. As an established and highly regarded lay partner I was interviewed by the NMC regarding my role.
2019	**Substantive role:** Principal Lecturer (Lead for Practice Learning) Health and Social Care, University of Lincoln **EbE role:** NMC Lay Quality Assurance Visitor - Education Monitoring **EbE role:** Social Work England Lay Inspector	Arkell, S. and Hunt, S. (2019) *Programme approval visit report: Kingston University – Nursing Associate Programmes.* UK: NMC. Available from https://www.nmc.org.uk/globalassets/sitedocuments/qualityassurance/programme-approval-visit-report/kingston-university-approval-report-na-august-2019.pdf [accessed 08 February 2020]. Benn, J. and Hunt, S. (2019) *Programme approval visit report: University of Dundee – Registered Nurse.* UK: NMC. Available from https://www.nmc.org.uk/globalassets/sitedocuments/qualityassurance/qamonitoringreports/2019-2020/university-of-dundee-pre-registration-nursing-february-2020.pdf [accessed 08 February 2020]. Clarke, D. and Hunt, S. (2019) *Programme approval visit report: Birmingham City University – Registered Nurse.* UK: NMC. Available from https://www.nmc.org.uk/education/quality-assurance-of-education/how-we-approve-education-programmes/programme-approval-visit-reports/ [accessed 08 February 2020].	I have been involved as a Lay QA Visitor, for Mott MacDonald on behalf of the NMC in the prospective approval of nursing, midwifery and nursing associate education and training provision. The role is to ensure that all Professional Standards and requirements are met at the point of recommending the programme for validation and approval with the NMC. Programme approval has been successfully recommended to the NMC (albeit, for some, with conditions that have needed to have been met) by: • Kingston University - Nursing Associate programmes • University of Dundee - Nursing programmes • Birmingham City University - Nursing programmes • University of Cumbria - Nursing programmes • University of Cumbria - Nursing Associate programmes • University of Worcester - Nursing programmes • Northumbria University - Nursing programmes • University of Winchester - Approved education institution status and nursing programmes Programme approval was not recommended to the NMC for: • University of Bedfordshire - Nursing Associate programmes

		Crofts, B. and Hunt, S. (2019) *Programme approval visit report: University of Cumbria – Registered Nurse.* UK: NMC. Available from https://www.nmc.org.uk/education/quality-assurance-of-education/how-we-approve-education-programmes/programme-approval-visit-reports/ [accessed 08 February 2020].	Given my experience of quality assurance monitoring and performance in the role to a high standard, I was asked to develop and deliver a training programme to other Quality Assurance Visitors. As part of this project, I produced a series of four training videos with other EbEs and involving nursing and midwifery registrants. **See appendix 9** As an appointed Lay Inspector for Social Work England, I participated in a series of focus groups exploring my previous quality assurance roles and how this newly formed professional regulator could structure its education approval and regulation functions to maximise the contribution of lay people.
		Felstead-Watts, I. and Hunt, S. (2019) *Programme approval visit report: University of Cumbria – Nursing Associate programmes.* UK: NMC. Available from https://www.nmc.org.uk/education/quality-assurance-of-education/how-we-approve-education-programmes/programme-approval-visit-reports/ [accessed 08 February 2020].	
		Folley, J. and Hunt, S. (2019) *Programme approval visit report: University of Worcester – Registered Nurse.* UK: NMC. Available from https://www.nmc.org.uk/education/quality-assurance-of-education/how-we-approve-education-programmes/programme-approval-visit-reports/ [accessed 08 February 2020]. **See appendix 8.1**	
		Griffin, P. and Hunt, S. (2019) *Programme approval visit report: University of Bedfordshire – Nursing Associate programmes.* UK: NMC. Available from https://www.nmc.org.uk/globalassets/sitedocuments/qualityassurance/programme-approval-visit-report/university-of-bedfordshire-approval-report-na-november-2019.pdf [accessed 31 December 2020]. **See appendix 8.3**	

		Hunt, S. (2019) *Quality Assurance Visitor Training Videos* (online). Available from https://drive.google.com/open?id=1HdiD4_y_nbf_dVvTh0YtlFkvXOagLbay [accessed 31 December 2020].	
		Meechan-Rogers, R. and Hunt, S. (2019) *Programme approval visit report: Northumbria University – Registered Nurse.* UK: NMC. Available from https://www.nmc.org.uk/education/quality-assurance-of-education/how-we-approve-education-programmes/programme-approval-visit-reports/ [accessed 08 February 2020].	
		Wallis, B. and Hunt, S. (2019) *Programme approval visit report: University of Winchester – Registered Nurse.* UK: NMC. Available from https://www.nmc.org.uk/education/quality-assurance-of-education/how-we-approve-education-programmes/programme-approval-visit-reports/ [accessed 08 February 2020]. **See appendix 8.2**	
2020	**Substantive role:** Associate Professor (Lead for Practice Learning) Health and Social Care, University of Lincoln **EbE role:** NMC Lay Quality Assurance Visitor - Education Monitoring	Bowyer, J., Hunt, S., Rooke, M., Clark, N., McEvilly, C., Harrison, M. and Hudson, A. (2020) *Extraordinary review: Staffordshire University and the Shrewsbury and Telford NHS Trust*. UK: NMC. Available from https://www.nmc.org.uk/globalassets/sitedocuments/qualityassurance/extraordinary-reviews/staffordshire-university-extraordinary-review-full-report-2020.pdf?_t_id=1B2M2Y8AsgTpgAmY7PhCfg%3D%3D&_t_q=advanced+practice&_t_tags=language%3Aen%2Csiteid%3Ad6891695-0234-463b-bf74-	In February 2020, Mott MacDonald asked me to be the Lay Visitor for Midwifery Programmes, on an extraordinary review to be undertaken on behalf of the NMC into Staffordshire University and its pre-registration nursing and pre-registration midwifery programmes, with specific reference to the learning environment provided to students on placements at the Shrewsbury and Telford Hospital NHS Trust. The Extraordinary Review focused on the protection of the public through safe and effective practice learning experiences for student midwives and nurses.

	EbE role: Social Work England Lay Inspector	1bfb02644b38&_t_ip=66.249.70.83&_t_hit.id=NMC_Web_Models_Media_DocumentFile/_3382d6b1-c936-4093-b105-b710def1ca50&_t_hit.pos=179 [accessed 31 December 2020]. **See appendix 10**	Programme approval has been successfully recommended to the NMC (albeit, for some, with conditions that have needed to have been met) by: • Robert Gordon University - Nursing programmes • University of Greenwich - Nursing programmes • University of Suffolk - Midwifery programme. During 2020, the coronavirus pandemic has consistently challenged my substantive role, as Lead for Practice Learning. This has also meant it has been increasingly challenging to undertake EbE roles, particularly during the months when my children have been unable to attend school. However, I have successfully supported a desk-based Course Change process for Social Work England and two remote (online) approval events for the NMC, including my first Midwifery programme review against the NMC's Future Midwife Standards (2019).
		Devlin, N. and Hunt, S. (2020) *Programme approval visit report: Robert Gordon University – Registered Nurse.* UK: NMC. Available from https://www.nmc.org.uk/globalassets/sitedocuments/qualityassurance/programme-approval-visit-report/robert-gordon-university-approval-report-pre-reg-nursing-july-2020.pdf [accessed 31 December 2020].	
		Hunt, S. and Currie, G. (2020) *Education quality assurance - course change review report: Birmingham City University.* UK: Social Work England. Available from final_report_bcu331.pdf (socialworkengland.org.uk) [accessed 31 December 2020].	
		Meechan-Rogers, R. and Hunt, S. (2020) *Programme approval visit report: University of Greenwich – Registered Nurse.* UK: NMC.	
		Poat, A and Hunt, S. (2020) *Programme approval visit report: University of Suffolk – Registered Midwife.* UK: NMC.	

Chapter three Critical analysis: an evaluation of existing knowledge, policy and practice

Unsurprisingly, due to the limited number of people who have been involved in this activity, I have been unable to identify any literature directly related to the strategic influence of EbE within the Professional Standards or QA of nursing and midwifery education in the UK. My original contribution is therefore necessarily situated within, and contextualised by, a much wider body of knowledge and evidence, drawing upon research on PPI in public health policy formation, coproduction in health research, participatory research approaches, and direct PPI in nursing and midwifery education. Throughout this chapter, I have applied these knowledge structures to critically analyse my contribution to policy and practice within nursing and midwifery, and its subsequent application to the design and management of education programmes within NMC approved HEIs. I explore the impact I have had within my own 'home' university, as well as in other UK HEIs - both through monitoring, and prospective programme approval - on the training of HCPs. This chapter is written with an analytic autoethnographic turn, building on the principles of critical analysis of practice, as defined in the Critical Practice framework (Barnett, 1997). This demonstrates why and how my contribution is original and innovative, and positioned at the forefront of contemporary practice within UK health education.

The cultural shift that resulted in the engagement of lay people in healthcare policy and practice, emerged in the 1970s when emancipation-based social movements began to challenge structural health inequalities and power imbalances between HCPs and people using health services (Brown and Zavestoski, 2004) and to seek to influence healthcare services, alongside other aspects of public policy:

> "disenfranchised groups, including black, disabled, mental health, lesbian and gay, and women's groups, can be seen as providing collective challenges to poor care and discriminatory or paternalistic services and medical policy and belief systems" (Ocloo and Matthews, 2016, 628).

The ambition for the medical community to listen to the voices of women in maternity care was not, however, without precedent, with evidence of this dating back to the 1930s and the work of obstetrician Grantly Dick-Read, who advocated that most women did not require medical intervention to give birth naturally (Davies, 2013). Followers of Dick-Read's important work continued to grow, opposed to the medicalisation of childbirth which strongly characterised

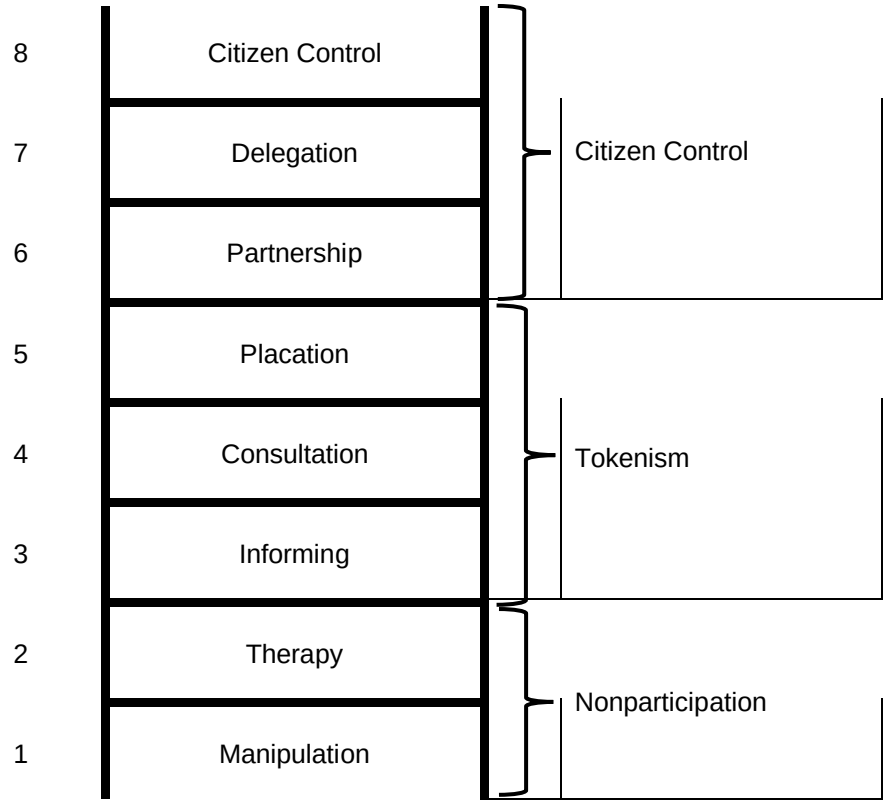
maternity services through the formation of the NHS in 1948 (Al-Gailani and Davis, 2014). This led to the formation of the Natural Childbirth Association of Great Britain in 1957, which later became the National Childbirth Trust (NCT) in 1961. In 2021, the NCT continues to support and inform parents' rights to choose maternity care provision that suits their needs and wishes (NCT, 2019). In 2016, the National Maternity Review Report, titled Better Births: A five year forward view for maternity care (NHS England, 2016b), further focused public attention on the importance of women being able to make informed choices regarding their maternity care services. The NHS England (2017, 4) implementation guidance, provided in support of the Better Births Report, specifies that in order to achieve effective service user coproduction: "We recommend establishment of independent formal multidisciplinary committees, which we will call "Maternity Voices Partnerships", to influence and share in local decision making." Subsequently, Maternity Voices Partnerships, designed to support coproduction of care services, have been established in all Local Maternity Systems, defined as:

> "A Maternity Voices Partnership (MVP) is an NHS working group of women, birthing people and their families, commissioners and maternity service staff collaborating to review and develop local maternity care. It is led by an independent lay chair who ensures service users are represented." (National Maternity Voices, 2020, 1).

Outside of maternity services, the active participation of people who used health services was slow to develop and, for example, it was not until the *National Health Service Act 2006* (s.242) that NHS providers were even required to consult with the people who use their services when making changes to the way that service is delivered. This socio-political shift towards more democratic participation gained traction in 2008, when the Department of Health published: *Real involvement - Working with People to Improve Health Services*. Only much later, and following the publication of the *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry* (Francis, 2013), (which trenchantly criticised the lack of voice and influence of lay people, and identified this lack as a contributing factor to the extreme failures in care at one NHS Trust), did many organisations start to take positive action, beyond the tokenistic approach largely demonstrated up to this point (Ocloo and Matthews, 2016).

The terminology and language of PPI has evolved over the last 50 years, moving from passive terms such as consultation and engagement, through to active verbs such as participation and partnership and recently, shared responsibility through the term coproduction (Gibson et al., 2012). However, this language still largely reflects Arnstein's ladder of citizen participation (figure three), which represents engagement practice as a continuum, ranging from 'doing to' a person (the non-participation stages), to 'doing with' people (the tokenism stages) to 'led by' people, denoted by the term citizen control (Arnstein, 1969). However, this model fails to acknowledge the wider socio-political context in which participation is being sought, and therefore, diverting vital attention away from the structural barriers that may be preventing people from having meaningful involvement that influences, or even determines, real change. Participation approaches seek to understand and therefore minimise physical, economic and social environment factors that negatively influence both individual and wider community empowerment (Perkins et al., 1996).

Figure three: Ladder of citizen participation (Arnstein, 1969, 217)



A raft of policy including, for example, the NHS Constitution for England (NHS England, 2013) and the *Care Act 2014* (c.4) showed further political commitment to embedding public engagement and extending the concept, further citing coproduction as the goal. The notion of coproduction, defined as "when an individual influences the support and services received, or when groups of people get together to influence the way that services are designed, commissioned and delivered" (Department of Health and Social Care, 2020, 13), aligns most closely with Arnstein's level six, partnership, which is the lowest level of citizen control. However, this definition also implies a consumerist approach to participation, where the role of the individual is to assist in the shaping of a product or service that is attractive to service-users, rather than a democratic approach to participation where power is shared in a mutual decision-making process (Ocloo and Fulop, 2012; Beresford, 2003).

In response to the explicit requirements for public involvement being formalised within public policy, the National Survivor User Network (2014) created and implemented the 4Pi National Involvement Standards, with 4Pi used to abbreviate 'principles, purpose, presence, process and impact', generating a set of minimum threshold expectations for PPI in strategic action. Subsequently, within the sector, having a PPI strategy is nowadays (Martin, 2008b) seen as an indicator of openness and transparency, demonstrating a commitment to opportunities for lay influence and person-centred service provision (Matthews et al., 2019; Power, 2015). Furthermore, the absence of a PPI strategy can be viewed negatively or as a lack of intent to collaborate with service-users (O'Shea et al., 2019; CQC, 2016) and this notion of importance is evident throughout all levels of healthcare policy formation. Despite this nevertheless, published evidence regarding the success and impact of lay contributions to healthcare policy is still scarce, meaning it is difficult for researchers in this field to draw firm conclusions regarding the power of lay people to influence policy in a strategic manner (Oliver and Cairney, 2019; van Eijk and Steen, 2014; Conklin et al., 2012). As Oliver et al. (2019, 7) note:

> "there is so little empirical evidence about how coproduction changes research, policy or practice, or how it may compare to alternatives… Yet, there may be alternative ways to achieve this outcome without risking the costs".

Bradshaw (2015) and Boivin et al. (2018) consider the lack of consistent evaluation tools for the analysis of PPI to be a significant weakness in the ability of both researchers and policy makers to evaluate and evidence the impact of coproduction. From my own perspective, whilst I have undertaken many roles as an EbE, which can be classified as coproduction in healthcare policy, I have never been invited to participate in any form of qualitative evaluation or analysis of impact of the work I have undertaken. Whilst this essential element may have

been dismissed on the grounds that the purpose of the engagement was the 'output' rather than the 'process', this does not align with the underpinning values of coproduction and therefore opens up a much wider scope for future research and knowledge creation (Carman et al., 2013). My own role in taking this evaluation of the process and impact agenda forwards is explored further in chapter five.

The term coproduction now appears to be used flexibly in many different areas associated with healthcare, including research, education, and evaluation of services (Filipe et al., 2017; Needham and Carr, 2009). Arguably, it is in grave danger of becoming another overused 'buzz' word which, when analysed further, has poorly understood or contested definitions as to its meanings and confusion as to its purpose, process and outcomes. Within the published literature, there exist numerous strong examples of where the principles of coproduction have been well implemented and received (Filipe et al., 2017), effective in shaping new practices or changing established practice such as in shaping breastfeeding policy in England (Renfrew et al., 2007) and in mental health services; for example, Gillard et al. who noted:

> "Team members not from research backgrounds sometimes challenged academic conventions, leading to complex findings that would otherwise have been missing. An essential component of how we coproduced knowledge involved retaining methodological flexibility so that nonconventional research voices in the team could situate and critique what was conventionally known. Deliberate and transparent reflection on how "who we are" informed the knowledge we produced was integral to our inquiry." (Gillard et al., 2012, 1126).

Unsurprisingly, there is critique that when public engagement or the involvement of EbE is conducted in a tokenistic manner, there is a risk of harm to the individual or community (Hogg, 2008). This is something I have always been aware of throughout my interactions with women, families, service-users and carers, because discussion of healthcare can be emotive and could result in individual distress. When undertaking interviews or focus groups with members of the public, I ensure I am aware of the appropriate support services to signpost individuals to, if they wish to seek support following their involvement. In evaluation projects, however, where formal ethical approval is not required, there is an underlying risk of individual or collective harm and, in my opinion, this was under-prepared for within the LSA audit project. Whilst I was treated as a peer within the project team, I did not have strategic influence over the way the service evaluation was carried out as this was determined by NHS England

(2016a). Now, having now undertaken research training, I would ensure that accessible literature was shared with the women and families I met, that they understood how to withdraw their comments (data) from the project. This service evaluation methodology strongly indicates a consumerist approach was being taken, looking for feedback that would enhance the service as an offered 'product', rather than as a coproduced research project seeking to democratically enable women and families to strategically influence the provision of care (Beresford, 2012).

This lack of preparatory training for EbE acting as peers within a research process is noted and explored in a systematic review by Brett et al. (2014), who concluded the quality of interactions between individuals involved in the process was fundamental to preventing harm, making the recommendation: "Careful planning, training and ensuring adequate funding for involvement may improve the success of patient and public involvement" (Brett et al., 2014, 388). This idea is also explored by King and Gillard (2019, 702), who use the term "expert laity" to denote someone who holds suitable academic credentials, alongside relevant personal lived experience of the service under scrutiny. These authors argue this expertise is required for acceptance as a peer or equal within many research communities. This concept of expert laity resonates strongly with me, and extrapolating this idea into the policy arena, I consider my academic credentials and learnt professional behaviours have been fundamental to my outputs and status as an EbE and have ultimately strengthened my ability to influence policy and practice.

The term, coproduction of knowledge, refers to a collective or social accountability for knowledge creation (King and Gillard, 2019) and with this comes an implied expectation that there is a mutual understanding of how this knowledge will be used and interpreted in practice. However, despite superficial acceptance of coproduction principles as a well-meaning and inclusive method of engaging people with lived experiences into the research process (Bradshaw, 2015), this remains challenged by a critical discourse that a significant amount of public engagement in research remains tokenistic, with some believing undertaking coproduction adds little value and is a costly inconvenience to both the integrity and traditional life course of academic research (Oliver et al., 2019; Durose et al., 2017). There is evidence power imbalances, criticised for being "epistemological protectionism" (Walker, 2010, 205), continue to pervade contemporary involvement practices across healthcare research and policy making, manifesting themselves in multiple and fundamental ways, creating barriers and preventing some members of society from being able to get their voice heard. For example, public consultations frequently occur online, excluding people who do not have, or

do not wish to access online services, or complex selection processes to ensure only 'appropriate' individuals are able to sit on committees or panels (Martin, 2008a). From my own experiences, I have needed to provide my own resources in order to participate as an EbE: arranging and paying for childcare, paying for travel to London for meetings, taking annual leave from my employer, and purchasing a laptop to access a high number of electronic documents. My roles have frequently taken me away from home for up to a week at a time, which requires family support and sacrifices to be made. Many people who could contribute significant lay expertise might well be put off and excluded by these costly resource requirements. Predominantly, there has been an expectation I would engage and behave as an employee would, with some paid roles requiring me to sign a Code of Conduct that determines 'appropriate' behaviour, which will undoubtedly have blurred the boundaries between lay participation and lay professionalisation. There is the potential that these underlying expectations may have created socio-cultural biases within the recruitment process, as noted by Beresford (2013) who reports that people from black and ethnic minority groups are less likely to become patient representatives, with Church et al. (2002, 17) noting: "the tendency for an over-representation of well-educated middle-class participants at the expense of other groups." This is further indicative of a cultural bias towards individuals with not only the knowledge to navigate a complex policy arena, and skills to advocate on their own or on behalf of others, but also the resources, confidence and normatively accepted behaviours that are required to constructively challenge others, within a highly professionalised environment.

In 2017, I used my professionalised skill set as the lay member of the Subject Matter Expert Group (appendix six), working towards the emerging NMC Standards Framework for Nursing and Midwifery Education (NMC, 2018a). I recall a long and detailed discussion regarding the inclusion of the word coproduction into the Standards, and whether this was well understood as a concept, an achievable goal or even a short-term fad. As an advocate for people who use health and care services and their families, I felt strongly the NMC Standards should be advancing concepts such as this, in preference to more tokenistic level approaches such as consultation. We discussed the future of coproduction of service design, as cited in the *Care Act 2014* (c.4), and agreed this should be an accepted expectation within the education of nurses and midwives, however, it was also felt this term should be defined in this context, for purposes of consistency:

> "Co-produced: when an individual influences the support and services received, or when groups of people get together to influence the way that services are designed,

> commissioned and delivered, acknowledging that people who use social care and health services (and their families) have knowledge and experience that can be used to help make services better. Coproduction is one of the principles of the Care Act 2014." (NMC, 2018a, 14).

Based on this definition, we agreed that coproduction should be included in the overarching Standards Framework (known as Part 1), as a formal requirement for all NMC approved training providers, together with their PLPs. Thus, the following text was agreed:

> "1.12 ensure programmes are designed, developed, delivered, evaluated and co-produced with service users and other stakeholders" (NMC, 2018a, 7)
>
> "5.5 curricula are co-produced with stakeholders who have experience relevant to the programme" (NMC, 2018a, 13)

Coproduction, as an ideology, has also been integrated into the programme-level education Standards (known as Part 3) for nursing, midwifery and nursing associate pre-registration programmes, and during the development of the Standards for Pre-registration Midwifery Programmes (NMC, 2019) I further advocated for the diversification of the language used to express this ethos. For midwifery services, I felt it was pertinent we moved away from the all-encompassing language of "involving our service users and members of the public" (NMC, 2018b, 5) towards a women-centred and family-centred approach:

> "The involvement of women, partners, families and advocacy groups in the design, development, delivery and evaluation of midwifery curricula is intended to promote public confidence in the education of future midwives. We therefore expect the use of supportive evidence and engagement from people who have experienced care by midwives to inform programme design, development, delivery and evaluation" (NMC, 2019, 6).

The practical involvement of service-users and carers in the training of healthcare professionals is not new. Social work has a long history of involving people who have used services within education programmes and recommendations for the expansion of this into nursing and midwifery started to emerge in the 1990s (Hanson and Mitchell, 2001; Butterworth and Rushford, 1995), initially within mental health nursing, and then latterly to other areas of practice (Speed et al., 2012; Stacey et al. 2012). As Beresford (2019, 9) comments:

> "Involving service users (and family carers) in professional and occupational education and training has long been seen as one of the most effective ways of improving the nature and culture of social work and other helping practice and services."

It is therefore unsurprising, much of the evidence base regarding the strengths and impact of this involvement remains within social work and the mental health nursing field of practice (Happell et al., 2019; Rush, 2008; Lathlean et al., 2006) and there is ongoing evidence of mixed views towards this expectation within the literature (Rooney et al., 2019; Stacey et al., 2012). Some of the critique of this approach is drawn from the premise that service-users and carers do not, necessarily, hold the requisite knowledge and skills to assess HE students, and the potential negative consequences this lack of preparation and expertise could have on the identities of those students, and the consistency and robustness of the assessment process (Stacey et al., 2012).

Rhetoric regarding PPI in healthcare education has moved forwards now with a stronger and emergent evidence base surmising that, when done well (Speed et al., 2012), this can significantly enhance both the quality of the student learning experience and the preparedness of students to confidently provide care for people who access healthcare services (Happell et al., 2019; Rooney et al., 2019). As Happell and colleagues note in relation to mental health nursing:

> "Participation can simultaneously benefit people with a mental health diagnosis, plus emerging nurses and their future patients. Students felt more prepared to work professionally in mental health… It provides a unique learning platform for shifting stigmatized attitudes and preparing students to offer high quality mental health nursing practice." (Happell et al., 2019, 488).

Within the literature there is a well-documented discourse regarding the barriers and costs of participation and coproduction in healthcare education (Happell et al., 2019; Rooney, et al. 2019; Speed et al, 2012). This discourse includes the requirement for HE providers to invest proactively in enabling people to make a meaningful contribution, providing people with adequate programmes of preparation for their involvement, support to understand the learning requirements of students, payment of people for their time and travel costs, and meeting the sometimes extensive personal accessibility needs and requirements of individuals who wish to bring their lay expertise into the institution.

Through my own roles, as a Lay QA Reviewer and then Visitor, on behalf of the NMC (appendices two and eight), I have witnessed the full spectrum of PPI in HE, from minimal input, through to sector leading and innovative involvement practices that encourage

individuals to contribute their lay expertise in a meaningful and supported manner. For example, I and a colleague reported:

> "The university has an active and well supported service-user and carer group known as IMPACT. Members of the group have been engaged throughout the development of the new pre-registration nursing programme. They stated that they feel valued and respected as experts by experience. Group members represent a wide range of health and care needs... IMPACT members identified where they have influenced curriculum design and delivery." (Foley and Hunt, 2019, 11-12).

In HEIs where evidence of PPI in the curriculum is less evident and does not meet the NMC Standards and requirements, as an advocate for the principles of coproduction I ensure this is clearly documented, and an action plan put into place. This action plan is stated through formal conditions of approval being placed on to the programme by the validation panel; the programme cannot be recommended to the NMC for approval until all conditions have been met. An example of this is:

> "[Service users] tell us they have limited involvement in developing the proposed programme. They would have welcomed more opportunities to actively engage in programme development, including programme management and evaluation... Service users representing all fields of practice are not all directly involved in recruitment events. Currently only mental health service users are attending, and they tell us they have not undertaken equality and diversity training… (Benn and Hunt, 2019, 10).

From the interviews and focus groups I have conducted with service-users and carers connected to HEIs across the UK, I believe it is this preparation and consideration, on behalf of the institution, which make the most significant difference to the ability, confidence and willingness of EbE to make a meaningful contribution. Therefore, at my 'home' HEI, I try to work innovatively to create new ways for people to be involved, across the lifespan, as there is evidence that children and young people, alongside people with learning disabilities and older adults with complex needs (NHS England, 2018), are less likely to be engaged in coproduction. Taking elements of the university out into communities, rather than expecting people to come to the university (see appendix five) allows people, particularly young people and families with young children and learning disabilities, the opportunity to speak and be heard in an environment they already find comfortable and accessible, to engage in dialogue with their peers, as well as with myself, as a peer EbE. Once again, my positionality as a

mother, rather than as an academic or a healthcare professional, provides me with this cultural access to places where families gather, such as schools, and mother and baby groups.

Chapter four Critical reflexivity: a reflective exploration of the methodological approach taken

In this chapter, I reflect upon my personal development through my research and, critically, how this intersects with my actions and the portfolio I have presented. I achieve this through a reflective, reflexive and self-analytical discourse, shaped with an analytic autoethnographic turn (Anderson, 2006) and situated within the critical practice framework (Barnett, 1997). Critical reflection is defined by Ng et al. (2019, 1122-1123) as: "a process of examining assumptions (i.e., individual and societal beliefs and values) and power relations, and how these assumptions and relations shape practice". For these authors, reflexivity is defined as: "recognising one's own position in the world both to better understand the limitations of one's own knowing and to better appreciate the social realities of others" (Ng et al., 2019, 1124). Therefore, as a reflexive writer I needed to challenge my epistemological assumptions (how I know what I know) and the complexity of factors that have influenced my interpretation and acceptance of what constitutes "legitimate" knowledge and appropriate personal values and actions. Autoethnography, has been criticised for not complying to the traditional, positivist social science criteria such as: reliability, validity, replicability and generalisability (Adams and Manning, 2015; Delamont, 2007) and by others for being self-indulgent and unscientific (see Campbell, 2017).

The process of research, using evocative autoethnography has allowed me to bring order and discipline to my previously fragmented and disparate thoughts, as well as my writing, however, at times using autoethnography has made me feel very vulnerable, which is exhausting, emotionally and physically, both for myself and those supporting me through this process. As an autoethnographer, and following in the footsteps of other autoethnographers (e.g. Tilley-Lubbs, 2016; Wall, 2008) I make myself vulnerable again, presenting myself for public scrutiny from my family, co-workers, my students, the NMC and my colleagues at Mott MacDonald. Using analytic autoethnography has enabled me to situate my own personal experiences within the wider literature and the socio-cultural and economic environment, but some of my findings have made for uncomfortable reading and do not reveal the version of my Self I expected to find (see also, Renedo and Marston, 2011; Atkinson, 2006). Importantly, autoethnography has not allowed me to co-create the knowledge contained with this thesis, at least in the ways usually open to co-researchers, because it does not allow for integration of the voice of others in their own, self-selected thoughts and voices.

According to Allen-Collinson (2013, 282) autoethnography is a "relational research approach that offers a variety of modes of engaging with self, or perhaps more accurately with selves, in relation to others, to culture, to politics". My constructions of self/selves (Renedo and Marston, 2011) include as a mother, an academic, an advocate for women in maternity services and a survivor of recurrent miscarriage and stillbirth. When I experienced grief and loss, I could not accept it, and I felt great shame and failure. Through my PhD journey I have found self-acceptance and strength from the ways in which these facets of self (Zahavi, 2008) have provided me with my cultural-insider access (Hayano, 1979; Epston, 2014) to explore, study and ultimately impact upon maternity service provision and education policy.

However, I recognise as a service-user, I have other bio-psycho-social characteristics that advantage me in gaining roles and ultimately recognition as an EbE. These characteristics include the fact I am white, university educated, middle-class, with a strong family structure, enabling me the freedom (and resources) to pursue my desire to promote listening to women's voices in maternity services (Beresford, 2013; Church et al., 2002). The fact I am a woman is not always seen as advantageous in the policy-making sphere, however, to influence maternity services, this is expected, with the voice of child-bearing women being prioritised over all others. Identifying as a woman from birth is still considered to be the "gender norm" (Schofield and Goodwin, 2005, 27) in maternity care and therefore possessing this gender identity is of value, in terms of having an influential voice. I have also pursued a career in the HE sector, providing me with an understanding of the language and structures of HEIs, although it is noteworthy this was in a support service role, until 2016, when my involvement with NHS England and the NMC was a significant factor in my ability to move across into an academic role. This combination of personal characteristics and qualities, allied with my experience and skills, and combined with a strong motivation to make a difference, which has derived from personal pain, means I am in a particularly strong position to develop a strategic role as an EbE (Martin, 2008b).

Maybin (2016) writes about the importance of 'proximity and trust' as being key factors in ensuring academic research feeds into policy making, with the term proximity implying a pre-existing closeness of the researcher to the policy-maker, and trust implying a requirement for an established and reliable relationship to be forged.

I have knowingly increased my social proximity to the NMC, through being visible and proactive: accessing networking opportunities, volunteering for new roles and by making myself, and my knowledge and ways of knowing, available to them. This active social

positioning is evidence of employing one of the three participatory tactics identified by Renedo and Marston (2015) through their ethnographic study of patient and carer communities that are attempting to navigate and gain influence within healthcare policy spaces. This tactic, known as “plotting”, is described by Renedo and Martson (2015, 494) as: “participants ‘plotted’ in order to navigate within and across invited spaces and ultimately to pursue their loyalty projects”. I believe I have personally used to this tactic to foster the trust of senior people in the NMC, through taking steps to be perceived as a reliable and consistent representative of service-users (Martin, 2008b). I present myself in an approachable and available manner, despite the fact to gain this close proximity has required me to make personal sacrifices, such as: extensive travel across the UK, time away from my children and family, and investing considerable amounts of my personal and emotional resources into reading and interpreting complex background documents and writing the subsequent reports. In my opinion, to build this trust has required me to be perceived as capable, consistent, reliable and professional, in a way that cannot be, and arguably should not be (El Enany et al., 2013), achieved by all service-users or carers. For example, for many service-users, their physical, psychological or emotional health may prevent them being able to make these personal commitments and sacrifices. Critically reflecting upon this, I may have inadvertently excluded other EbEs from taking up these roles by encouraging strategic bodies to have unrealistic expectations for what EbE involvement can/should look like. For example, I have always found a way to honour and prioritise my service-user roles, for fear I would lose this proximity and trust, if I ‘let them down’ at short notice. To avoid damaging my relationship with the NMC, I have driven through the night to attend meetings whilst pregnant, I have travelled whilst leaving a new-born baby at home and been forced to express breast milk in the bathroom of a broken-down train. I will admit, whilst it has not always been in the best interests of myself or my family, I have always upheld my commitments to Mott MacDonald or the NMC, never cancelling at the last minute due to family circumstances or failure of travel arrangements. Reflecting further upon this, I feel I have been afraid to let myself down, afraid losing my EbE status would mean I lost my acquired sense of purpose, my sense everything I had been through had happened for a reason.

Policy makers, researchers and clinicians are in positions of power over service-users (O’Shea et al., 2019) and will undoubtedly act and behave in ways that are socially required of their professional status. Their acceptance into this professional community, their subsequent success and status rewards these behaviours and Bandura’s social learning theory (1977),

and subsequent refinement into social cognitive theory (Bandura, 1986) can usefully be applied to explore the socialisation (or professionalisation) of myself, and other service-users, who wish to take on strategic roles in influencing healthcare environments. It is probable that when I, as a service-user, have been trying to ensure I am perceived as a peer or an equal within this sphere (El Enany et al., 2013), I have imitated the behaviours and mannerisms of the healthcare professionals; Bandura termed this 'vicarious reinforcement' (Bandura, 1977). Full identification with the professional role model occurs when the service-user not only replicates behaviours, but also espouses the attitudes and values base displayed by the role model (Bandura, 1977). From my own experience, I have been immersed into a new social culture, with its own norms and customs, alongside frequent use of acronyms and jargon (Renedo and Marston, 2015). All of this takes place within an unfamiliar environment and therefore, for me, feelings of a lack of belonging or even 'imposter syndrome' have been intense; this latter syndrome is defined as: "an internal experience of intellectual phoniness" (Clance and Imes, 1978, 241). Yet, at the same time, I am conscious of the dangers of too closely aligning myself to these professional role models, because I fear this may reduce the integrity or value of my participation.

Acceptance into the new environment is also key (Leary et al., 2001), from my service-user's perspective, as to whether the overall experience is seen by me as a positive one, where I feel valued and able to contribute. This ultimately affects the likelihood of my staying involved, gaining confidence to speak up and increasing my ability to influence in a strategic manner (El Enany et al., 2013).

The effort the service-user needs to make, in order to achieve acceptance, resonates with the concept of *"emotional labour"* (Hochschild, 2003, 67): a representation of the physical gestures, actions and facial expressions we use within the workplace to undertake emotion management and regulation and to outwardly project a presentation of self (Goffman, 1959) deemed appropriate for that environment. Drawing on Hochschild's insights, Grandy et al. (2013) posit many of our external expressions of emotions constitute 'deep acting', to ensure our personal and professional selves appear to align with the micro-cultural expectations of that profession or organisation. To extend this thinking further, when an organisation's ethos constructively aligns with our personal values, feelings and expectations, we will respond positively, and our perception of our experience will also be positive (Grandy et al, 2013).

From my own perspective, I recognise that I identify closely with stated aims and values of the NMC, wanting to improve healthcare through person-centred education and training:

> "We regulate nurses and midwives in the UK. We exist to protect the public. We set standards of education, training, conduct and performance so that nurses and midwives can deliver high quality care throughout their careers." (NMC, 2018a, 15).

Socialisation, as a means of acceptance for service-users, can be described using Lave and Wenger's (1991) theory of communities of practice, where the concept of community denotes a group of individuals with a mutual purpose, who adopt shared knowledge and social practices (Botha et al., 2008). Achieving this successfully requires the assimilation of the service-user's own behaviours and values into the wider community, developing a semi-professional identity that conforms to the culturally constructed perception of what it means to be an expert within that environment (Renedo and Marston, 2011). Lave and Wenger (1991) describe this integration process as legitimate peripheral learning, which is the internalisation of the community's belief system, values, behaviour and language, all of which act as a gateway to acceptance within that community (Lave and Wenger, 1991). The service-user must become 'professionalised' (El Enany, et al., 2013) to be seen as an expert and move from the periphery to being deemed an integral member of the community (Lave and Wenger, 1991). I believe I have personally experienced this lay-professionalisation, in my partnership working with Mott MacDonald and the NMC, to the extent I have signed a code of conduct governing my behaviours, and there has been a frequent expectation that I would make personal sacrifices to assist them in their work. This lay-professionalisation is not without critique within the wider literature, focusing on its inappropriate expectations of service users and blurring of boundaries (Scourfield, 2010), however, for myself, I feel the benefits outweigh this, and I have found it strongly empowering. This subjective feeling of empowerment is echoed by the work of Jones and Pietilä (2020, 809) who argue:

> "becoming an expert by experience can help to re-contextualise past experiences and support the re-discovery of skills and expertise, leading experts by experience to construct both professionalised and politicised identities."

Within both policy making and HE environments, the holding and sharing of appropriate knowledge (Renedo and Marston, 2011) is complex and jargon-laden and is considered a significant indicator as to whether an individual will ever achieve cultural acceptance into that host organisation (Nonaka, 1994). Nonaka (1994) predicates there are two types of knowledge: explicit knowledge, clearly stated in tangible forms such as policy and procedure documents and reports; and tacit knowledge (see Polanyi, 1966), which is undocumented, but may be collectively held by individuals in the form of experiences, personal beliefs, perceptions and organisational culture. Botha et al. (2008) extend this notion, referring to the two forms of knowledge as a continuum, rather than theoretical poles; however, it is important to recognise each form of knowledge and its potential influence on the ability of EbE to make an impact. In my strategic roles as a service-user, there has been a huge expectation to read and retain a significant volume of explicit knowledge (Renedo and Marston, 2011), such as that gleaned from Professional Standards and policy documents. In my opinion, it is the holding of this acquired background knowledge base that lifts me from being a service-user with relevant life experience, to being an 'expert' in my own right. This is a form of credential I have actively sought, and I have significantly benefited from this privileged position, across many areas of my personal life. This perception is also acknowledged in Jones and Pietilä's work (2020, 810), which notes that: "becoming an expert by experience can act as a springboard into a new life stage, where the illness is seen as a source of knowledge, expertise and a motivator for social action". Involvement in PPI has shaped my identity and perceptions of Self (Renedo and Marston, 2011), I have personally grown in confidence and self-esteem, advanced my academic career within HE, and used my knowledge base (both tacit and explicit) to access better maternity healthcare services that more closely meet my own needs, and those of my family. Whilst I can recognise personal gains achieved from my lay expertise, I do not believe the ability to confidently and competently navigate contemporary healthcare structures, and understand rights as a service-user, should be requisite for joining an exclusive 'members only' club.

Within communities of practice, the process of storytelling, as a means of tacit knowledge exchange, allows for the justification of practices that sit outside of the explicit expectations of an organisation (Moon, 2010). This is particularly relevant to the way in which I approach sharing my own experiences, as well as those of other service-users I have met within a professionalised environment. Storytelling is a powerful way to share personal experiences and promote community comprehension of what would otherwise be tacit knowledge and

experience (Nonaka, 1994; Moon, 2010), frequently intertwining the use of multiple stories and metaphors to convey moral and impactful messages (Lave and Wenger, 1991). Using a story format enables me to share my personal history in a myriad of ways, shaped according to the interests and knowledge base of the people with whom I am speaking; particularly in instances where it is the interpretation of an event (Russell-Beattie, 2018), rather than a factual account of the event itself, that is deemed valuable to their understanding (Barone, 1992). Service-users, myself included, can be extremely vulnerable in the telling and retelling of their personal health stories, and therefore a degree of caution has been advised, and, if necessary, preparation should be encouraged prior to sharing a testimony in a public way (Holloway and Freshwater, 2007) and this also resonates with ethical concerns encountered in autoethnography more widely. This idea is supported and extended by Näslund et al. (2020) who actively encourage service-users to think about and control the way in which they share their story, so the audience wants to listen and hear it. Näslund et al. (2020, 681) report that in effective use of service-user testimony a "constant balance act is performed as easy-going content is mixed with accounts of vulnerability that produce affective intensity, while not spilling over into uncontrolled illness". This quote resonates with me, as when I am speaking in a public forum, I am acutely aware of my personal vulnerabilities and the need to avoid becoming visibly upset by the stories I tell. Many of my own service-user stories have been rooted in negative experiences, and therefore I use humour to laugh at my own role in the story, and praise to promote positive learning opportunities (see for example, appendix four). Critically reflecting on this now, I believe on these occasions I have used emotion work (Hochschild, 2003) to weave a social and emotional tapestry (Russell-Beattie, 2018), from my own experiences and the stories of others, blurring the boundaries of fact and fiction, for impact, meaning and above all, pedagogical purposes (Bochner and Ellis, 2016). I also believe, to an extent, I have been hiding my own emotions behind the stories of others, initially for self-preservation within professionalised environments, but latterly, to avoid personally facing up to those emotions and to maintain professional boundaries I believe exist regarding what makes a 'good' service-user (Repper and Breeze, 2006).

This weaving of stories brings into question the conceptualisation of reliability of service-user testimony, my own and that of others, leading me to reflect critically on the relationship between the individual lived experience of a phenomenon and the subsequent interpretation of its meaning (Giorgi, 2009; Englander, 2012), alongside the nature of memory and memory recall. As part of writing my evocative autoethnography (chapter two), I read, for the first time

in over ten years, the letters to my daughter and copies of the medical records I had retained, and I can see some elements of my experience have evolved and changed in my interpretation of them over time. From a traditional, positivist perspective, this might be considered somehow to 'invalidate' my interim accounts of the story, however, the question must be asked that if the purpose of the story telling is education, does the story need to remain situated in its original context? This question is addressed by Renedo et al. (2018, 778) who summarise:

> "we show how patient experiences are re-articulated by professionals who add their own intentions and accents in a dialogical process which incorporates diverse forms of knowledge and the conflicting demands of healthcare services. In this process, patient experiences become useful epistemic commodities, helping professionals to respond to workplace pressures".

It is also possible, through listening extensively to the birth experiences of other women and families, I have experienced forms of transference and countertransference, where my own life experiences intersect with those of the women I meet (Gemignani, 2011), potentially creating 'false' or composite-memories. I am also aware that my experiences are not solely mine, they are shared with my husband, so I am self-conscious of how the story is told, and how he is represented within it. Such intersubjectivity of experience has been noted by other autoethnographers (e.g. Allen-Collinson, 2013). Further, Ellis (2007, 3) highlights the importance of relational ethics, requiring researchers to "act from our hearts and minds, acknowledge our interpersonal bonds to others". I sought, and received, my husband's ethical approval and permission to write this thesis using evocative autoethnography, knowing it would expose, for both of us, our raw and deeply emotional experiences to the world. It has been an emotionally challenging and exhausting experience, frequently requiring me to step away and process my feelings of frustration and anguish. So much of this emotional content has never been shared before, even with our closest friends and families, but through my autoethnographic research, I and my husband have both found a greater understanding of our experiences and how they build upon the wider knowledge base, in an area which is notably under explored:

> "The silence in the literature shouts for the need of research in this area. While miscarriage is an area of focus in the literature, it is our belief that recurrent miscarriage brings different dimensions of grief and challenges." (Thiemann and Thiemann, 2020, 678).

Autoethnography, as a research approach, can, in some cases, fail to incorporate fully the experiences of others, as agents or actors within the story, and therefore individual perception and memory-recall ability will undoubtedly influence the data presented in the author's account. To acknowledge and attempt to counteract this, since starting the process of writing this thesis using autoethnography in January 2020, I have used a dynamic and iterative process of drafting and re-drafting my recollections of past-experiences. This has involved practically engaging with my medical records, letters, photos, and diary entries to reshape, chronologically structure and align my memory-based recollections to my external data-sources. Whilst evocative autoethnographic accounts can be criticised for being too literary and self-indulgent (Colosi, 2016; Atkinson, 2006), lacking in both academic rigour and scientific structure (Ellis, 2009), to others these kind of accounts represent one of the key purposes of qualitative research in facilitating a deep delving into the experiences and actions of a particular person in order to elucidate those experiences for others, in a way that could not be achieved by more conventional research methods (Colosi, 2016; Holman Jones et al., 2013). Cook (2014) believes autoethnographers must strive to avoid being overly descriptive within their work, advocating that broader applicability of knowledge about social phenomena is gained from critical analysis within the wider theoretical context. Therefore, braiding together evocative and analytical autoethnography (Tedlock, 2013) has been a useful methodological approach that has allowed me, as a researcher, to situate my personal and emotional experiences within a cultural, socio-political context, allowing for resonance with the wider literature (Anderson, 2006; Vryan, 2006).

These personal, emotionally laden life experiences are, at the time of writing, secrets, some private from my husband and family, and all are secrets from my children, who know very little of my life before their birth. Autoethnography as a methodological approach has therefore made me vulnerable, by making my personal actions and considerations available for consideration and critique "in order to call attention to the vulnerabilities that other human beings may endure in silence and in shame" (Holman Jones et al., 2013, 24). This rawness and vulnerability have been, and continue to be, painful to me, and during this research process I have needed to take many breaks away from my writing, for the explicit purpose of self-care and time to heal. During these 'breaks' from my research, any fleeting thoughts and emotional expressions were handwritten in a notebook, to be explored in a reflective and reflexive way when I felt able to return to my research. Whilst I have strived for full self-disclosure/exposure; this self-exploration does not always reveal the 'self' that I would like to

present to the outside world, or to my children. This has required careful management and ethical consideration, for the benefit of my family and others who are represented through the text:

> "Autoethnography may well confront us with dilemmas regarding self-presentation, and just how much "real" "true" biographical information and "authentic" self/selves to reveal in pursuit of this honesty, particularly as we know that significant others, and also students and employers (current and potential) may read our words and make judgements." (Allen-Collinson, 2013, 284).

Over the course of my EbE career, I will have made many conscious and also pre-reflective decisions regarding what to say, and when. These form ethically important moments within my practice (Guillemin and Gillam, 2004); how have I decided what to withhold and what to share and bring to the consciousness of those in power positions? This is likely to have been shaped by my own tacit knowledge and subsequently it is more difficult to rationalise than other forms of knowledge, but reflection on this is integral to my understanding of self, and what shapes my personal beliefs, actions and instinctive responses to situations, as others have noted (Nonaka, 1994; Botha et.al, 2008). My own personal unconscious biases and subjectivity, combined with the wider socially-constructed intersubjectivity that occurs within communities of practice, will have influenced the messages and personal meanings I have chosen, either consciously or pre-consciously, to portray within the second-person narratives I have presented (Petitmengin, 2006). I am aware of the ethics associated with 'ownership' of an experience and whether I am at liberty to share the experiences of others; for example, I have questioned whether it is ethical to share the experiences of a woman I met on the LSA audit project, when talking to representatives of the NMC? For this reason, I consciously use generalised phrases such as "in my experience" or "from the women I have met, I believe…" However, I also in public fora acknowledge and recognise the limitations of my own experience and indicate that I am not able to speak on behalf of many people who deserve to have their voice heard within health, care and maternity services. I therefore consider myself to be an advocate for inclusion and I actively encourage individuals in power to seek and explore a wider, more diverse range of women's voices.

In order to self-analyse these ethically important decisions I have made, frequently in the heat of the moment, I have reflected upon how my own decision making is operationalised within the context of highly professionalised environments. I believe this is strongly influenced by the way in which I am expected and required to act, in order to be considered a credible and engaging source of information. As Näslund et al. (2020) describe, it becomes the responsibility of the service-user to make the audience feel comfortable. I am aware I take a considered approach to attending formal meetings and planning ahead in advance of the day, attending the 'coffee on arrival' sessions to build my network, consciously seeking allies within a room, and then seating myself so that I can catch their eye if I feel I need support. I am aware I choose which issues to focus my energies upon, knowing not all issues will warrant or welcome the same level of debate. This is ethically important, because this prioritisation is likely to be different across a population of service-users and therefore, for me, brings in to question my ability to represent fairly or advocate on behalf of others, particularly when I have been a sole lay voice, feeling the weight of being expected to represent the voices of many. Engaging in reflexivity, to examine my positionality in the context of being an advocate for others, the fact that I am white and from an educated, middle-class background has undoubtedly been advantageous to me, allowing me to build my credibility within a largely middle-class and educated policy making sphere. However, it also makes me question my ongoing involvement, as I feel I should be encouraging professional and policy making organisations to diversify and extend the representativeness of their PPIs. However, this need for a single voice promoting inclusion is supported by a wider discourse that encourages policy makers to use expertise wisely, and consensus may be hard to reach with too many experts around a table (Sutherland and Burgman, 2015).

The opportunity to have my voice heard and acting as an advocate for other women and families, is an aspect of my EbE role I feel privileged to hold. However, this feeling of pride also can result in feelings of pressure, something that Kouchaki and Kray (2018) report can lead to personal ethical lapses and/or self-sacrifices, in a constant attempt not to 'let other women down'. This is something I have experience of, having been so keen to take on advocacy roles, I have made sacrifices that impact upon my own family. Reflecting on this further, interviewing other women with similar experiences to my own, in order to take on advocacy roles, has been emotionally fatiguing and I have felt the emotional burden of carrying the weight of other people's experiences. When speaking with women about their birth experiences, there is often a rapid bond built between us, fostering feelings of friendship

(Cotterill, 1992); we laugh, they share photos and occasionally tears. Many women have thanked me for listening to their story and hope I can use it to improve services or care. But, whilst they may feel better at the end of these discussions, I can often feel worse. That said, I still find this concept of self-sacrifice, bordering on altruism, a morally difficult space to analyse, as in stark contrast, my actions can also be viewed as self-advancement, building my own status, career and standing as an EbE.

Argyris and Schon (1996) encourage us to reflect upon and acknowledge our individual actions are not always constructively aligned to our beliefs about the proper course of action, and I believe this has relevance to advocacy. Argyris and Schon (1996) premise that we develop cognitive maps that influence how we plan, execute and reflect upon our actions; but that these maps are usually unconscious and based on tacit knowledge. If we are asked to explain our map it is likely we will alter it, factoring in steps from our explicit knowledge base, either consciously or unconsciously covering our tracks and hiding our internal decision making processes, that are values-based and often self-serving. It is my belief, through writing this reflective and reflexive account of my own journey, that I have sought to reveal the foundations of my own tacit knowledge (Davies, 2012). Through writing in an analytical autoethnographic style, I am now more aware of my Self - my abilities and limitations, my personal behaviours, my conscious and unconscious bias and actions, preparing me to move forwards towards my next chapter.

Chapter five Critical practice: conclusions and recommendations for the future engagement of experts by experience

I have used this final chapter to draw together conclusions about my personal growth and skills and how these have enabled me to make this original contribution to knowledge. I make recommendations for my own future work, and for enabling and extending the contribution of others within this emerging area of lay influence, healthcare policy and practice. Finally, I will revisit the critical practice framework (Barnett, 1997) to evidence my findings that it is possible for an EbE to operate at a strategic level and ultimately to become a critical practitioner within their own right. It is concluded there is an identifiable need for these influential and lay professional roles across all areas of health and social care.

The impact I have made, as an EbE, has shaped the way maternity services are structured and promoted to women and the ways in which their voices are now heard within those services, at a pivotal point for midwifery – the dissolution of the LSA structures (Department of Health and Social Care, 2016; NHS England, 2016b) (see appendices one, three and four). However, the planning for this project by NHS England orientated this as a consumerist service evaluation, seeking perspectives to enhance, rather than co-create the services. Now, having a greater understanding of ethics, research and coproduction, I would like to plan and propose a new project, using feminist participatory action research (FPAR) as a methodology (McIntyre and Lykes, 2004; Gatenby and Humphries, 2000). I would like to collaborate with women and families who have accessed the services of professional midwifery advocates (PMAs) (Dunkley-Bent, 2017), to design and conduct a FPAR study into this system. A key aim would be to foreground and shift power balances within maternity healthcare and to consider how, through listening and truly hearing women's stories, a higher quality, more responsive service can emerge (Smales, 2018; Mies, 1991). This project would align closely with my stated future aim (see page 26), to further the empowerment of women within maternity service provision.

I have influenced, at multiple levels, the education and training of nurses, nursing associates and midwives in the UK. Through the lay roles I have undertaken, directly in partnership with the NMC (see appendices six and seven), I have demonstrated that I am well positioned,

trusted and considered to be at the forefront of EbE practices in the UK. I believe I have also encouraged the NMC as a professional body to move from a position of lay involvement through consultation, to achieving genuine coproduction, where I was able to shape and inform its policy making processes. This achievement is reflected through my influence on the NMC's Professional Standards, most notably in their use of inclusive language and terminology and in the statement of formal requirements for coproduction and the consistent involvement of people who use health and care services, throughout the lifecycle of education and training.

I have also had a key impact on the work of the NMC through its QA partners, Mott MacDonald. Through quality monitoring and prospective programme approval I have ensured HEIs are meeting and upholding the Professional Standards and formal requirements of *The Nursing and Midwifery Order 2001* (appendices one, two and eight). I believe I am currently considered to be performing these roles at the highest levels and this is evidenced through being asked to be the lay visitor for midwifery on the independent Extraordinary Review (NMC, 2020) where the focus was on protection of the public through the safe delivery of quality education to student midwives (see appendix ten).

I was also asked to create and deliver training resources to enhance LV engagement in programme approval processes (appendix nine). This is another area I am keen to take forwards in the future, using my expert laity and teaching experience to develop practical training packages that prepare lay people for undertaking coproduction activities, be that in research, policy making, or education. I would also like to become a mentor and offer personalised support to service-users who wish to become an EbE, and help them to position themselves appropriately, alongside developing the knowledge and skills they need to make a difference at a strategic level.

Writing this thesis autoethnographically has been a highly personal and emotive learning experience where I have revealed my Self and in doing so, created self-acceptance in a way I did not think would be possible through research. It has become clear to me via my researcher journey that I have been proactively seeking this healing throughout the last 15 years, through the positive and impactful steps I have been taking to advocate for other women (Renedo and Marston, 2011), but it is only by being truly reflective and reflexive (Davies, 2012) that I have confronted and finally accepted my own experiences.

Moving forwards, the evocative autoethnography elements of this thesis, alongside extracts from my journal and letters to Isabella Grace, will be turned into a pack of learning resources for pre-registration midwifery students, as a women-centred case study, to support students to comprehend the impact of miscarriage and stillbirth. Inspired by the deeply moving duo-ethnographic work of Thiemann and Thiemann (2020), I would also like to coproduce and publish a journal article with my husband and my midwife, as there is a significant lack of literature aimed at experienced midwives, supporting women and their partners through successful pregnancy after recurrent miscarriage. The purpose of this is effectively summarised by White and Seibold (2008, 66): "the study has the potential to influence clinical practice by providing a picture in the sufferers' own words of the reality of living". Again, it is my aim that these learning resources will contribute to the empowerment of women in maternity care.

Yang (2015) believes participant reflexivity can tell us, as researchers, a great deal about the research process and its longer-term impact. As a researcher myself, therefore, I would like to conduct an ethnographic study into the experiences of women who have participated in maternity clinical research trials. How has this impacted upon them? Has it affected their self-esteem and their relationships? What has been the impact on their perceptions of care and the power and/or authority of the medical profession? As for now, these questions remain unanswered, and could potentially shine a light on the ways in which women, partners and families can be supported during and following their involvement in clinical research.

In the future, I will seek to expand my knowledge and understanding of the role and function of lay people within healthcare regulatory bodies across the UK, starting with a hermeneutic study into the perceptions NMC registrant visitors hold about the LVs, and how they see the role and value that lay people can bring to a programme approval visit. I am also planning to utilise and expand my knowledge, skills and expertise through my recent appointment as a Lay Inspector for Social Work England. It is my hope that this role will not only enhance my own skills set, but also bring a new, yet experienced advocacy voice to the wider field of social care.

Finally, drawing back to the concept of critical practice, I consider I have demonstrably proven it is possible for an EbE to be regarded and considered a critical practitioner (Brechin, 2000; Barnett, 1997) and a lay professional. I believe that I, alongside other EbE who strive to achieve this level of credibility and strategic impact, will have a crucial role as a constructive peer to healthcare professionals, in shaping the future of healthcare services in the UK and beyond. I conclude a new lay professional role is both possible and desirable, where the expert service user is accepted and enabled to become an influential and critical practitioner in their own right, equipped with the knowledge, skills and behavioural competency to challenge and shape contemporary healthcare policy and practice. I believe the recognition of lay professional roles can start to shift the structural power imbalances existing within contemporary healthcare, with the explicit aim of elevating the status of service users to equal partners of healthcare professionals. If granted the freedom, capacity, authority and prominence to meaningfully influence healthcare policy and practice, lay professionals could hold the key to encouraging greater aspiration within healthcare services and open up a wider spectrum of more inclusive, supportive and engaging participation activity.

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Evidence Cover Sheet

Appendix one:
Date(s): 26 February 2014
Appendix title(s): 1.1.1 Feedback on my performance as a QA Lay Reviewer – South Central Region 1.1.2 Feedback on report writing – South Central Region
Context of the evidence: In 2014, the NMC conducted a quality assurance framework review of the South-Central Region Local Supervising Authority, in accordance with statutory legislation. I was selected to be the LR for this event. This report is no longer published in the public domain and can no longer be accessed following the dissolution of the LSA structures. I have therefore submitted feedback regarding my own performance in my role as a LR as evidence of my contribution to the review and feedback on my report, as evidence of my contribution to the authorship of the formal report.
Purpose of the evidence: The NMC LSA Reviews have been a significant part of my learning regarding the structure and operation of NHS maternity care services. It is pertinent that I was eight months pregnant at the time of this review and this meant I struggled with the long days required. This is negatively commented upon by the managing reviewer and in my opinion, represents a lack of understanding about the role and value that a user of maternity care services could bring to the review process. This also serves as evidence that structural barriers exist, preventing people who actually use services from engaging constructively in improvement processes.
Signposting to key points of reference: Appendix 1.1.1 – page 2 – paragraph 1 – feedback on relationships within the team Appendix 1.1.2 – page 2 – paragraph 1 – feedback on 'correctness'

Protecting the public through quality assurance of nursing and midwifery education

NMC UK Wide Quality Assurance Framework

Evaluation of reviewer performance by managing reviewer or Mott MacDonald observer

Name of programme provider/LSA:	South Central
LSA review / monitoring visit / Approval event date:	26 Feb 2014
Name of reviewer:	Mrs Sophia Hunt

Please comment and give a grade 1 to 4 on how well the reviewer achieved the following areas:

Key: 1 = Outstanding, 2 = Good, 3 = Satisfactory, 4 = Unsatisfactory

If you use grade 4 for any area, please ensure you provide commentary as this will help Mott MacDonald with planning and targeting professional development generally and for individuals.

The information you provide on this form will be fed back to the reviewer as well as enabling Mott MacDonald to monitor quality in order to maintain and improve on systems, processes and standards.

Demonstrated good knowledge of NMC rules, standards and requirements. 2 - Good

Sophia, You had quite clearly done all the pre reading and were able to assess how standards had been met from your perspective.

Used data provided in the programme provider's Requirements of approved education institutions and assuring the safety and effectiveness of practice learning (NMC 2013). (Only applicable to education QA). -- Please Select --

Gathered, analysed and interpreted relevant evidence during the monitoring/approval / review process. 2 - Good

It was unfortunate that you were unable to meet many service users. However, you did participate well in the gathering of information. Your analysis and interpretation was good.

Made judgements that were objective, fair and based securely on evidence. 2 - Good

Demonstrated understanding of the NMCs proportionate risk based approach to QA in line with the new QA framework. 2 - Good

Established effective and professional working relationships with other team members 2 - Good

I was a little disappointed that you could not share a meal with us the first night, nor be available at the end of the review to agree on the wording of the statement for improvement and feedback to LSA. I do appreciate that leaving early was largely out of your control.

Communicated clearly, convincingly and succinctly, both orally and in writing. 2 - Good

Your questioning was good and you have presented a good report.

OVERALL PERFORMANCE (consider all aspects of performance to judge overall competence as a reviewer) 2 - Good

Sophia, You are a confident and competent reviewer and your input to the review is much appreciated. Thank you. [redacted]

ANY OTHER COMMENTS (please include any major strengths areas for improvement or future training needs)

Protecting the public through quality assurance of nursing and midwifery education

You are here:

NMC UK Wide Quality Assurance Framework

QA of reviewer report

Organisation	South Central
Programmes Reviewed	LSA Monitoring
Reviewer	Mrs Sophia Hunt
Reader	[redacted]
Date of Approval / Monitoring / LSA Review:	26 Feb 2014
Date of Reading	03 Mar 2014

Purpose: form is used to provide written feedback on the report following an approval event.

Purpose of the quality assurance activity is to ensure that:

- the work of reviewers is highly professional
- the report is fit for purpose i.e. suitable for its intended audience
- the report is of high quality

Key questions	Select	Comments
Is the report **clear?**	(•) Yes ( ) No	Sophia, you have captured and articulated the information well.
Is the report **concise?**	(•) Yes ( ) No	Just right, not too wordy, but sufficient.
Is the report **consistent?** Text and grades in the report form match.	(•) Yes ( ) No	Perhaps a little more in rule 7 to justify why we graded 'needs improvement'. However, the reason is well captured in our joint statement
Is the report **correct?** Free from jargon.	(•) Yes ( ) No	

		Sophia, you have a good grasp of the LSA process and have reflected this well.
Is the report **convincing?**	(•) Yes ( ) No	
Is there sufficient attention to each of the relevant rules / standards / key risks?	(•) Yes ( ) No	

Overall comment:

Sophia, This is a good report. Just to make it as good as possible, to go on the portal, I have corrected some typing errors. Also changed some of the capitals to fit in with NMC house style. I will send by word doc with track changes. I will correct these on the portal but the only way I can do that is 'correct and reject', if that makes sense. All you have to do is check and resubmit. I have also put a comment re the Equality and Diversity traini[redacted] DBS for the lay reviewer. In my notes I had that she had undergone it bu[redacted] had much more detailed notes so have gone with that. Thanks for all your hard wo[redacted] and submitting your report on time. Best wishes[redacted]

Evidence Cover Sheet

Appendix one:
Date(s): 06 January 2015
Appendix title(s): 1.2.1 Feedback on my performance as a Lay QA Reviewer – Midlands, East and West 1.2.2 Feedback on report writing – Midlands, East and West Region
Context of the evidence: In 2015, the NMC conducted a quality assurance framework review of the Midlands, East and West Region Local Supervising Authority, in accordance with statutory legislation. I was selected to be the NMC Lay Quality Assurance Reviewer for this event. This report is no longer published in the public domain and can no longer be accessed following the dissolution of the LSA structures. I have therefore submitted feedback regarding my own performance in my role as a LQAR as evidence of my contribution to the review and feedback on my report, as evidence of my contribution to the authorship of the formal report.
Purpose of the evidence: The evidence in appendix 1.2.1 demonstrates that I am developing my skills of gathering and interpreting information and using this to make sound judgements. There is reference to how I am complimenting the team's approach by adding my own knowledge, gained through experience, to ensure that the review team focus on women centred care. It is reflected in appendix 1.2.2 that my individual report was extremely helpful in the production of the final report.
Signposting to key points of reference: Appendix 1.2.1 – page 1 – paragraph 5 – Understanding of the NMC's approach Appendix 1.2.1 – page 2 – paragraph 3 – Overall performance feedback Appendix 1.2.2 – page 2 – Overall comment

Protecting the public through quality assurance of nursing and midwifery education

NMC UK Wide Quality Assurance Framework

Evaluation of reviewer performance by managing reviewer or Mott MacDonald observer

Name of programme provider/LSA:	Midlands and East West
LSA review / monitoring visit / Approval event date:	06 Jan 2015
Name of reviewer:	Mrs Sophia Hunt

Please comment and give a grade 1 to 4 on how well the reviewer achieved the following areas:

Key: 1 = Outstanding, 2 = Good, 3 = Satisfactory, 4 = Unsatisfactory

If you use grade 4 for any area, please ensure you provide commentary as this will help Mott MacDonald with planning and targeting professional development generally and for individuals.

The information you provide on this form will be fed back to the reviewer as well as enabling Mott MacDonald to monitor quality in order to maintain and improve on systems, processes and standards.

Demonstrated good knowledge of NMC rules, standards and requirements. 2 - Good

Sophia demonstrated a good knowledge of the rules and requirements. She was always prepared to refer to documentation when she was unsure.

Used data provided in the programme provider's Requirements of approved education institutions and assuring the safety and effectiveness of practice learning (NMC 2013). (Only applicable to education QA). -- Please Select --

Gathered, analysed and interpreted relevant evidence during the monitoring/approval / review process. 2 - Good

Showed good skills at gathering information and interpreting relevance.

Made judgements that were objective, fair and based securely on evidence. 2 - Good

Made sound judgments based on sound evidence.

Demonstrated understanding of the NMCs proportionate risk based approach to QA in line with the new QA framework. 2 - Good

Showed a good understanding of the QA Framework which was complimented by her own knowledge and experience.

Established effective and professional working relationships with other team members 2 - Good

Worked well as part of the team and was professional at all times

Communicated clearly, convincingly and succinctly, both orally and in writing. 2 - Good

Was highly skilled at communicating orally or in writing.

OVERALL PERFORMANCE (consider all aspects of performance to judge overall competence as a reviewer) 2 - Good

Sophia made a valued contribution to the review. She was always happy to express her point of view on issues that were relevant to her experience. She made other reviewers and myself focus on issues that reflected women centred care.

ANY OTHER COMMENTS (please include any major strengths areas for improvement or future training needs)

Protecting the public through quality assurance
of nursing and midwifery education

NMC UK Wide Quality Assurance Framework

QA of reviewer report

Organisation	Midlands and East West
Programmes Reviewed	LSA Monitoring
Reviewer	Mrs Sophia Hunt
Reader	[redacted]
Date of Approval / Monitoring / LSA Review:	06 Jan 2015
Date of Reading	14 Jan 2015

Purpose: form is used to provide written feedback on the report following an approval event.

Purpose of the quality assurance activity is to ensure that:

- the work of reviewers is highly professional
- the report is fit for purpose i.e. suitable for its intended audience
- the report is of high quality

Key questions	Select	Comments
Is the report **clear?**	(•) Yes ( ) No	
Is the report **concise?**	(•) Yes ( ) No	
Is the report **consistent?** Text and grades in the report form match.	(•) Yes ( ) No	
Is the report **correct?** Free from jargon.	(•) Yes ( ) No	

Is the report **convincing?**	◉ Yes ○ No	
Is there sufficient attention to each of the relevant rules / standards / key risks?	◉ Yes ○ No	

Overall comment:

This was an excellent report which captured all the major issues. It was well written and was extremely helpful to producing the final report. Thank you Sophia for producing such a comprehensive report.

Evidence Cover Sheet

Appendix one:
Date(s): 17 November 2015
Appendix title(s): 1.3.1 Feedback on my performance as a Lay QA Reviewer – North and West Region 1.3.2 Feedback on report writing – North and West Region
Context of the evidence: In 2015, the NMC conducted a quality assurance framework review of the North and West Region Local Supervising Authority, in accordance with statutory legislation. I was selected to be the NMC Lay Quality Assurance Reviewer for this event. This report is no longer published in the public domain and can no longer be accessed following the dissolution of the LSA structures. I have therefore submitted feedback regarding my own performance in my role as a LQAR as evidence of my contribution to the review and feedback on my report, as evidence of my contribution to the authorship of the formal report.
Purpose of the evidence: The evidence in appendix 1.3.1 demonstrates that I contributed a great deal to the review process, that I am committed to the lay perspective and that the overall review is more objective because of my participation. It is noted that I have developed my skills significantly, enabling me to participate as a 'full team member'. This evidence implies that I, as the service user, was expected to reach a certain level or standard in order to be accepted as a peer of equal status in the team. Rather than being valued for what I could bring to the process in my own right. My individual report was of very high quality and useful in compiling the final report.
Signposting to key points of reference: Appendix 1.3.1 – page 2 – paragraph 3 – Overall performance Appendix 1.3.1 – page 2 – paragraph 4 – Feedback comments Appendix 1.3.2 – page 2 – Overall comment

Protecting the public through quality assurance of nursing and midwifery education

NMC UK Wide Quality Assurance Framework

Evaluation of reviewer performance by managing reviewer or Mott MacDonald observer

Name of programme provider/LSA:	North West (previously North East)
LSA review / monitoring visit / Approval event date:	17 Nov 2015
Name of reviewer:	Mrs Sophia Hunt

Please comment and give a grade 1 to 4 on how well the reviewer achieved the following areas:

Key: 1 = Outstanding, 2 = Good, 3 = Satisfactory, 4 = Unsatisfactory

If you use grade 4 for any area, please ensure you provide commentary as this will help Mott MacDonald with planning and targeting professional development generally and for individuals.

The information you provide on this form will be fed back to the reviewer as well as enabling Mott MacDonald to monitor quality in order to maintain and improve on systems, processes and standards.

Demonstrated good knowledge of NMC rules, standards and requirements. 2 - Good

Used data provided in the programme provider's Requirements of approved education institutions and assuring the safety and effectiveness of practice learning (NMC 2013). (Only applicable to education QA). -- Please Select --

Gathered, analysed and interpreted relevant evidence during the monitoring/approval / review process. 2 - Good

Made judgements that were objective, fair and based securely on evidence. 2 - Good

Demonstrated understanding of the NMCs proportionate risk based approach to QA in line with the new QA framework. 2 - Good

Established effective and professional working relationships with other team members 1 - Outstanding

Communicated clearly, convincingly and succinctly, both orally and in writing. 2 - Good

OVERALL PERFORMANCE (consider all aspects of performance to judge overall competence as a reviewer) 2 - Good

Sophia is an excellent team member and she contributes a great deal to the review process. She is committed to the lay perspective and the review process is a much more objective process thanks to her participation.

ANY OTHER COMMENTS (please include any major strengths areas for improvement or future training needs)

Sophia has developed her skills considerably in the time she has been a reviewer and now has an excellent set of skills which enables her to participate as a full team member.

Protecting the public through quality assurance
of nursing and midwifery education

NMC UK Wide Quality Assurance Framework

QA of reviewer report

Organisation	North West (previously North East)
Programmes Reviewed	LSA Monitoring
Reviewer	Mrs Sophia Hunt
Reader	[redacted]
Date of Approval / Monitoring / LSA Review:	17 Nov 2015
Date of Reading	24 Nov 2015

Purpose: form is used to provide written feedback on the report following an approval event.

Purpose of the quality assurance activity is to ensure that:

- the work of reviewers is highly professional
- the report is fit for purpose i.e. suitable for its intended audience
- the report is of high quality

Key questions	Select	Comments
Is the report **clear?**	(•) Yes ( ) No	
Is the report **concise?**	(•) Yes ( ) No	
Is the report **consistent?** Text and grades in the report form match.	(•) Yes ( ) No	
Is the report **correct?** Free from jargon.	(•) Yes ( ) No	

Is the report **convincing?**	(•) Yes ( ) No	
Is there sufficient attention to each of the relevant rules / standards / key risks?	(•) Yes ( ) No	

Overall comment:

Hi Sophia, A very high quality report which demonstrated a comprehensive understanding of the issues. The report was very useful in compiling the final report. Thank you.

Evidence Cover Sheet

Appendix two:
Date(s): 17 – 19 February 2015
Appendix title(s): 2.1.1 Report – University of East Anglia (UEA), dated 26 February 2015 2.1.2 Feedback on my performance as a QA Lay Reviewer – UEA 2.1.3 Feedback on report writing – UEA
Context of the evidence: In 2015, the NMC conducted a quality assurance framework review of the Midwifery and Adult Nursing programmes at UEA. I was the LR for this complex monitoring event. UEA endorsed the provision of adult nursing programmes on Guernsey, which had been the subject of an NMC extraordinary LSA review in 2014, finding serious issues with the supervision of midwives on the island. This resulted in NMC education being suspended. The overall report is co-authored with three NMC RRs; I have therefore submitted feedback regarding my own performance during the review and feedback on my report writing, as further evidence of my contribution to the report authorship.
Purpose of the evidence: The report (2.1.1) and feedback (2.1.3) demonstrate I effectively captured and foregrounded service user and carer perspectives within the review and subsequent report. The evidence in appendix 2.1.2 demonstrates that I have a good understanding of the NMC rules and standards and that I am seen to have "different and refreshing perspective". It is noted that I was a valuable member of the team, equal weight was given to my judgements.
Signposting to key points of reference: Appendix 2.1.1 – page 28 & 29 – Risk indicator 3.2.1 – service user involvement Appendix 2.1.2 – page 1 – box 4 – Gathering and analysing evidence Appendix 2.1.3 – page 2 – box 3 – Attention to rules/ standards/ risks

2014-15
Monitoring report of performance in mitigating key risks identified in the NMC Quality Assurance framework for nursing and midwifery education

Programme provider	University of East Anglia
Programmes monitored	Registered Nurse - Adult; Registered Midwife - 18 & 36M
Date of monitoring event	17-19 Feb 2015
Managing Reviewer	Brenda Poulton
Lay Reviewer	Sophia Hunt
Registrant Reviewer(s)	Kevin Gormley, Janette Bowyer
Placement partner visits undertaken during the review	Norfolk and Norwich University Hospital Foundation Trust; Queen Elizabeth Hospital, King's Lynn, NHS Foundation Trust; James Paget University Hospital NHS Foundation Trust; Norwich Community Health & Care Trust (Community), HSSD, Guernsey, (video link)
Date of Report	26 Feb 2015

Introduction to NMC QA framework

The Nursing and Midwifery Council (NMC) is the professional regulator for nurses and midwives across the United Kingdom (UK) and Islands. Our primary purpose is to protect patients and the public through effective and proportionate regulation of nurses and midwives. We aspire to deliver excellent patient and public-focused regulation.

We seek assurance that registered nurses and midwives and those who are about to enter the register have the knowledge, skills and behaviours to provide safe and effective care. We set standards for nursing and midwifery education that must be met by students prior to entering the register. Providers of higher education and training can apply to deliver programmes that enable students to meet these standards. The NMC

approves programmes when it judges that the relevant standards have been met. We can withhold or withdraw approval from programmes when standards are not met.

Published in June 2013, the NMC's Quality assurance (QA) framework identified key areas of improvement for our QA work, which included: using a proportionate, risk based approach; a commitment to using lay reviewers; an improved 'responding to concerns' policy; sharing QA intelligence with other regulators and greater transparency of QA reporting.

Our risk based approach increases the focus on aspects of education provision where risk is known or anticipated, particularly in practice placement settings. It promotes self-reporting of risks by Approved Education Institutions (AEIs) and it engages nurses, midwives, students, service users, carers and educators.

Our QA work has several elements. If an AEI wishes to run a programme it must request an approval event and submit documentation for scrutiny to demonstrate it meets our standards. After the event the QA review team will submit a report detailing whether our standards are "met", "not met" or "partially met" (with conditions). If conditions are set they must be met before the programme can be delivered.

Review is the process by which the NMC ensures AEIs continue to meet our standards. Reviews take account of self-reporting of risks and they factor in intelligence from a range of other sources that can shed light on risks associated with AEIs and their practice placement partners. Our focus for reviews, however, is not solely risk-based. We might select an AEI for review due to thematic or geographical considerations. Every year the NMC will publish a schedule of planned reviews, which includes a sample chosen on a risk basis. We can also conduct extraordinary reviews or unscheduled visits in response to any emerging public protection concerns.

This monitoring report forms a part of this year's review process. In total, 17 AEIs were reviewed. The review takes account of feedback from many stakeholder groups including academics, managers, mentors, practice teachers, students, service users and carers involved with the programmes under scrutiny. We report how the AEI under scrutiny has performed against key risks identified at the start of the review cycle. Standards are judged as "met", "not met" or "requires improvement". When a standard is not met an action plan is formally agreed with the AEI directly and is delivered against an agreed timeline.

Summary of findings against key risks

Resources	**1.1 Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC**	1.1.1 Registrant teachers have experience /qualifications commensurate with role.			
	1.2 Inadequate resources available in practice settings to enable students to achieve learning outcomes	1.2.1 Sufficient appropriately qualified mentors / sign-off mentors / practice teachers available to support numbers of students			
Admissions & Progression	**2.1 Inadequate safeguards are in place to prevent unsuitable students from entering and progressing to qualification**	2.1.1 Admission processes follow NMC requirements	2.1.2 Programme providers' procedures address issues of poor performance in both theory and practice	2.1.3 Programme providers' procedures are implemented by practice placement providers in addressing issues of poor performance in practice	2.1.4 Systems for the accreditation of prior learning and achievement are robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency
Practice Learning	**3.1 Inadequate governance of and in practice learning**	3.1.1 Evidence of effective partnerships between education and service providers at all levels, including partnerships with multiple education institutions who use the same practice placement locations			
	3.2 Programme providers fail to provide learning opportunities of suitable quality for students	3.2.1 Practitioners and service users and carers are involved in programme development and delivery	3.2.2 Academic staff support students in practice placement settings		
	3.3 Assurance and confirmation of student achievement is unreliable or invalid	3.3.1 Evidence that mentors, sign-off mentors, practice teachers are properly prepared for their role in assessing practice	3.3.2 Mentors, sign-off mentors and practice teachers are able to attend annual updates sufficient to meet requirements for triennial review and understand the process they have engaged with	3.3.3 Records of mentors / practice teachers are accurate and up to date	
Fitness for Practice	**4.1 Approved programmes fail to address all required learning outcomes that the NMC sets standards for**	4.1.1 Students achieve NMC learning outcomes, competencies and proficiencies at progression points and for entry to the register for all programmes that the NMC sets standards for			
	4.2 Audited practice placements fail to address all required learning outcomes in practice that the NMC sets standards for	4.2.1 Students achieve NMC practice learning outcomes, competencies and proficiencies at progression points and for entry to the register for all programmes that the NMC sets standards for			
Quality Assurance	**5.1 Programme providers' internal QA systems fail to provide assurance against NMC standards**	5.1.1 Student feedback and evaluation/ Programme evaluation and improvement systems address weakness and enhance delivery	5.1.2 - concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners		

Standard Met	***Requires Improvement***	***Standard Not met***

Introduction to University of East Anglia's programmes

A reconfiguration of schools at the University of East Anglia (UEA), in August 2014, resulted in the creation of a new School of Health Sciences (HSC) of which nursing and midwifery form a part. Other disciplines within the school include operating department practitioners (OPD), paramedics, occupational therapy, physiotherapy, and speech and language therapy. The UEA provides pre-registration nursing programmes across all four fields of practice, plus pre-registration midwifery, three year and 18 month programmes. There is endorsed provision of the pre-registration nursing (adult and mental health) programme at the Institute of Health and Social Care Studies (IHSCS), Guernsey. All UEA policies and processes apply equally to the endorsed provision on Guernsey unless stated otherwise.

The school was reapproved to deliver pre-registration nursing (including the endorsed programme) in May 2011; pre-registration midwifery three year programme in May 2012; and, the 18 month midwifery programme in July 2013. This monitoring review focuses on pre-registration nursing (adult), including the endorsed programme, and both the three year and 18 month pre-registration midwifery programmes.

Students at the HSC are very positive about the programmes and the support they receive from the university and its practice placement partners. However, clinical governance issues at the IHSCS have resulted in the delivery of the programme being suspended for some students and their phased return has yet to be implemented.

The commissioner and employers confirm that the programmes prepare nurses and midwives who are fit for practice at the point of registration. Whilst all NMC key risks are controlled, improvements are in progress to address clinical governance issues at the IHSCS.

The monitoring visit took place over three days and involved visits to practice placements to meet a range of stakeholders. Additionally, video links to IHSCS, Guernsey ensured full participation of partners involved in the endorsed adult nursing programme. Particular consideration is given to the student experiences in the placements at Queen Elizabeth Hospital, Kings Lynn NHS Foundation Trust, which was subject to an adverse Care Quality Commission (CQC) report in July 2014.

Summary of public protection context and findings

We found admission and progression procedures are robust and effectively implemented to ensure students entering and progressing on the pre-registration nursing (adult) and midwifery programmes meet the NMC standards and requirements. This prevents unsuitable students from entering and progressing to qualification, thus ensuring public protection.

There is a robust procedure in place to manage the learning experiences of students less than 18 years of age entering practice placements. This ensures both protection of the student as well as protection of the public.

A disclosure and barring service (DBS) check, occupational health clearance and

mandatory training are completed before students can proceed to placement. These compulsory procedures are undertaken in order to protect the public.

The HSC and the IHSCS, Guernsey, have sound policies and procedures in place to address issues of poor performance in both theory and practice. The robust fitness to practise (FtP) procedure and raising concerns in practice process manage incidents of concern, both academic and practice related. We found evidence of the effective implementation of these procedures. There are examples of students being subject to remedial action or their programme terminated, demonstrating the rigour of the process in ensuring public protection.

We found effective investment in the preparation and support of mentors and timely completion of mentor annual updates. All mentors are appropriately prepared for their role of supporting and assessing students. There is a clear understanding held by sign-off mentors about assessing and signing off competence to ensure students are fit for practice to protect the public.

Student midwives are allocated a named supervisor of midwives (SoM) in the maternity service for the duration of the programme. The SoM provides support and shares their experience of the important contribution of midwifery supervision for public protection.

We conclude that practice placement providers have a clear understanding and confidence to initiate procedures to address issues of students' poor performance in practice. This process, whilst supportive, also ensures that students are competent and fit to practise in accordance with both university and NMC requirements to protect the public.

We are confident that programme learning strategies, experience and support in practice placements enables students to meet programme and NMC competencies. Students report that they feel confident and competent to practise at the end of their programme and to enter the NMC professional register. Mentors and employers describe students completing the programmes as fit for practice and purpose.

We did not find any evidence to suggest that there are any adverse effects on students' learning as a result of the CQC review in placements at Queen Elizabeth Hospital (QEH), Kings Lynn NHS Foundation Trust, which was subject to an adverse Care Quality Commission (CQC) report in July 2014.

We conclude that whilst the School of Health Sciences (HSC) at the University of East Anglia maintains well established and effective partnerships with its neighbouring AEIs, local service providers and the IHSCS, partnerships with Health and Social Services Department (HSSD), Guernsey require improvement. There is a comprehensive action plan in place to manage clinical governance issues and improve practice learning environments. This ensures that students, for whom the programme delivery is currently suspended, will not be reintroduced until the quality of learning environments can be assured. Such measures will promote effective student learning experiences and protect the public.

Summary of areas that require improvement

Recent governance issues in clinical areas at the Princess Elizabeth Hospital (PEH),

HSSD, Guernsey have resulted in student nurses being removed from practice and their programme suspended. There is a joint comprehensive action plan in place to address these issues. However, further work is required to ensure: there are sufficient successfully audited placements to support the reintroduction of years one and two adult nursing students; the live register must reflect the availability of sufficient mentors to support these students; and, in the interim, year one and two students, currently suspended from the programme, require the maximum support.

Summary of areas for future monitoring

- Resources to accommodate increased commissions for pre-registration nursing (adult).
- Service user involvement in the midwifery selection process
- Inter-rater reliability for grading of practice in both nursing and midwifery
- Ongoing improvements in the quality of the learning environment at the Queen Elizabeth Hospital, Kings Lynn NHS Foundation Trust
- Successful implementation of the joint action plan between the HSC, the UEA; IHSCS; and HSSD, Guernsey.
- Impact of relocation of the central maternity delivery suite, at James Paget hospital, on the midwifery student placement experience.

Summary of notable practice

Resources

None identified

Admissions and Progression

None identified

Practice Learning

None identified

Fitness for Practice

None identified

Quality Assurance

None identified

Summary of feedback from groups involved in the review

Academic team

We found that the academic teams in both nursing and midwifery work closely together and have effective relationships with practice placement providers. The academic team

at the HSC were open and honest in acknowledging the challenges they have faced with the quality assurance of their endorsed pre-registration nursing (adult) programme at the IHSCS in Guernsey. The team have worked extremely hard to ensure that appropriate action plans are in place to facilitate the rapid improvements that are required in this area. Work is now underway to implement the action plan and strengthen the relationships that they have with HSSD. Both nursing and midwifery teams operate a system of link lecturers and personal advisors to support both students and practice learning. There is significant evidence that these systems are highly effective in assuring that NMC standards are met in both theory and practice.

Mentors/sign-off mentors/practice teachers and employers and education commissioners

For nursing and midwifery we found that mentors/sign-off mentors, practice education facilitators and education leads are committed to giving a high level of support to students during each of their clinical placements. Programmes of preparation and regular updates are well received and believed to be of great benefit in dealing with student issues. When issues arise with students, they are always effectively handled, documentation is fully completed and the learning opportunities are identified. Of particular note are the positive views that were expressed around the introduction of the collaborative learning in practice project. Employers recognise the value of students in clinical areas and promote the role of mentor effectively. In practice placement areas there are sufficient numbers of staff who have successfully completed an NMC approved mentorship programme. All midwifery mentors have sign-off status. Managers work hard to ensure that students are able to work alongside their mentor, but where this is not possible service areas adopt an associate mentor approach. Mentors/sign-off mentors are encouraged by managers to attend their annual updates face-to-face and to compile evidence files for their triennial review. Employers and commissioners confirm that students are fit for practice and purpose on successful completion of the programmes.

Students

Nursing (adult)

Students are positive about the delivery and content of their programme. They confirm that timetables, assessment and other course details are always available in advance and rarely changed. Feedback from assignments is constructive and timely. When in clinical practice, they fully understand the roles and functions of the support available from mentors and link lecturers. If matters of concern arise they are fully conversant with methods for raising and escalating concerns. Third year students at the IHSCS told us that they do not feel that recent clinical governance issues have affected their course progression and staff at the IHSCS have been supportive. However, first and second years students, whose programmes have been suspended, are less satisfied with the support they have received. Nevertheless, several value the study days that have been organised for them and acknowledge that staff at the IHSCS have worked hard in difficult circumstances.

Midwifery

Students are very positive about the quality of their midwifery programme and the support provided in the practice areas. They report that lecturers are responsive,

supportive and accessible. Students did report variability in the grading of practice and sign-off mentors familiarity with the practice assessment documentation. However, a practice assessment video, explaining the process, is available to students on Blackboard.

Service users and carers

The service user group are committed and enthusiastic and feel they are integrated into the planning, delivery, assessment and evaluation of programmes within the HSC and IHSCS. The service users we spoke to in practice areas told us that all students introduced themselves clearly; explained their position as a student nurse; and, asked permission before undertaking any practice. The service users are impressed with the sensitivity of students and believe they are capable and confident in delivering quality health care and support.

Relevant issues from external quality assurance reports

Care Quality Commission (CQC) reports were considered for practice placements used by the university to support students' learning.

The following reports require action(s):

CQC Inspection of the Queen Elizabeth Hospital (QEH), Kings Lynn NHS Foundation Trust, July 2014. (1)

The inspection was carried out between 01 and 03 July 2014, as the trust had been identified as potentially high risk, having been placed in special measures in October 2013. This 2014 review inspected eight clinical areas. The following areas required attention:

- Accident and emergency required improvement in relation to patient safety, effectiveness, responsiveness and leadership of care.
- Medical care (including care of older people) was rated as inadequate in terms of patient safety, requiring improvement in relation to effectiveness; responsiveness and leadership of care.
- Surgery was rated inadequate in terms of responsiveness and requiring improvement in leadership.
- Maternity and family planning required improvement in responsiveness and leadership.
- Services for children and young people required improvement in safety.
- End of life care required improvement in responsiveness and leadership.
- Outpatients required improvement in patient safety and responsiveness.

The school has been working closely with QEH over the last two years to support the students' learning. In partnership with QEH the school has developed a joint action plan ensuring that students are supported in learning and assessment in practice. Students report good experiences in practice and continued supportive mentorship. The latest

CQC report, published on 19 September 2014, highlighted that improvements had been made, but the trust remains in special measures. The school submitted an exception report to the NMC in October 2014 regarding its ongoing support for the trust and progress with the implementation of the action plan. (2)

At the event we were told that since the CQC report a whole new leadership team has been appointed and significant improvements have been made. One ward was rested and extensive mentor workshops were put in place at two other wards used for practice placements. Progress is being monitored through education governance meetings between the UEA and the trust and end of placement student evaluations are consistently positive. Additionally there are weekly meetings for students on placement with the assistant director of nursing and the practice education facilitators (PEF). Whilst the CQC report published in September 2014 noted improvements there were still issues around medicines management, nurse staffing levels in specific areas and infection prevention and control. In three wards there was a need to review availability of hydration. As a result the UEA introduced an update for all students going into practice in November 2014. This update focused on findings of the CQC, trust action plans and the importance of raising and escalating concerns. Link lecturers will review progress on hydration and nutrition on three specific wards and no first year student nurses will be placed in these wards until such time as the quality of the learning environment can be assured. (116, 119)

In light of reduced medical staff on obstetrics and gynaecology the impact on student midwives was assessed and assurance was given that there are sufficient midwife sign-off mentors. However, the lead midwife for education (LME) is closely monitoring the situation. (116, 119).

CQC inspection Beccles Hospital, August 2014. (3)

An unannounced inspection of inpatient provision at Beccles Hospital carried out on 15 August 2014 found that the following standard was not met:

Assessing and monitoring the quality of service provision.

At the event we were told that issues had been resolved and no further action is required. There was no impact on student learning. (116)

CQC inspection report Norfolk and Suffolk NHS Foundation Trust (N&SNHSFT), 03 February 2015 (4)

As part of their ongoing comprehensive mental health inspection programme the CQC inspected services at the six sites within the N&SNHSFT on 21 to 24 October 2014. Overall the acute and psychiatric intensive care units were rated as inadequate. The trust has been put into special measures for failing to meet standards pertaining to leadership and safety. Leadership related to low staff morale and the top team having a strategic direction which was not shared with practitioners. Care was seen as good but safety issues related to restraint methods, safety seclusion and medicines management.

Prior to publication of the report the N&SNHSFT called a quality summit meeting of all

stakeholders, including the UEA and University Campus Suffolk (UCS), on 02 February 2015. The trust has been working on its action plan since the CQC visit and the senior management team have all been replaced. The UEA is assessing the risks for students using the placement. There are no UEA nursing students on placement at the hospital at the moment and we were told it is only used by them for spoke adult nursing placements. (5)

At the monitoring event we were told that all adult student spoke placements are postponed and that the UEA would be working with the trust to plan a review of all placement areas and consider the allocations of students in May 2015 (see 3.1). (116)

CQC inspection of Halvergate House care home, July 2014 (6)

An unannounced inspection of Halvergate House on 15 and 16 July 2014 found that standards were not being met in relation to staffing levels.

At the monitoring event we were told that Halvergate House is not part of the training circuit. (116)

NMC extraordinary LSA review, Princess Elizabeth Hospital (PEH), Health and Social Services Department, (HSSD), Guernsey, October 2014 (7)

In August 2014 the NMC were informed of escalating concerns relating to supervision of midwifery and provision of midwifery care within maternity services at the PEH, Guernsey. An NMC unscheduled extraordinary review took place between 01 to 03 October 2014. The key findings indicate that PEH did not meet six of the seven Midwives' rules and standards (NMC, 2012) reviewed. Whilst this review pertained to midwifery supervision student nurses did provide care for women within the maternity ward and were mentored by midwives. Interviews with second year students undertaking short spoke placements in maternity demonstrated negative experiences:

The maternity ward had no completed educational audit although notes from the link lecturer indicated this should be carried out.

As the maternity ward and community midwife experience was a hub placement the students' hub mentor was not required to communicate with the placement areas or staff supporting the students.

The escalating concerns identified by students were not noted in any documentary evidence provided by the Institute of Health and Social Care Studies (IHSCS), Guernsey.

NMC additional evidence obtained during the extraordinary review, Princess Elizabeth Hospital (PEH), Health and Social Services Department, (HSSD), Guernsey, October 2014 (8)

The review team identified additional concerns which fall into the following themes: the care environment; policies and procedures governance; leadership and management; and, organisational culture. Issues identified in these themes pose a potential risk to the

quality of the student nurse experience.

Following the extraordinary review of the PEH, HSSD, Guernsey the school has been communicating with the NMC on a regular basis and an exception report was submitted to the NMC in October 2014. A full investigation of the concerns was undertaken, with support from the UEA partnerships office. (2)

At the monitoring event we were told that the academic team from the UEA audited 40 placements where nursing students were located. The team observed energy and care but the physical environment was poor. A report provided to the NMC and HSSD defined a reduced placement circuit and priority was given to third year students. All nursing students were given a period of study leave. A planned return of third year students was completed in January 2015. A number of improvements are being made including rebuilding the HSSD live mentor register to conform to the UEA approved database; exploring the adoption of the electronic audit tool for the IHSCS; and, ensuring that the UEA database for tracking IHSCS audits flags up when audits are due. At a strategic level a new chief officer and a clinical governance lead have been appointed. Update meetings are taking place between the head of school at the UEA and HSSD every fortnight and a joint action plan has been developed. Any IHSCS student who wishes has been offered the opportunity to transfer to the UEA to continue their nursing programme. One student has accepted this offer and is being supported to commence in March 2015. The rested placement areas will be re-audited prior to the students' placements in June. Subject to satisfactory audits a phased return of second year students will subsequently commence. The first year students will recommence their programme in September 2015 and currently no new intake is planned for the next academic year. (129)

We reviewed the most recent action plan between the UEA, IHSCS and HSSD. Several actions have been completed and others have completion dates in the near future (see key risk 3). (142)

Other CQC and clinical governance reports relevant to placement areas used by the UEA for approved nursing and midwifery programmes were reviewed but did not require discussion as part of this review.

Evidence / Reference Source

1. CQC inspection report, the Queen Elizabeth Hospital King's Lynn NHS Foundation Trust, July 2014

2. NMC annual self assessment programme monitoring, 2014-15

3. CQC inspection report Beccles Hospital, August 2014

4. CQC inspection Norfolk and Suffolk NHS Foundation Trust, February 2015

5. Meeting with nursing lecturers, 04 February 2015

6. CQC inspection of Halvergate House care home, July 2014

7. NMC extraordinary LSA review, Princess Elizabeth Hospital (PEH), Health and Social Services Department, (HSSD), Guernsey, October 2014

8. NMC additional evidence obtained during the extraordinary review, Princess Elizabeth Hospital (PEH), Health

and Social Services Department, (HSSD), Guernsey, October 2014

116. Meeting with senior university staff at the UEA and Guernsey (via video link), 17-18 February 2015

119. UEA Exception report in relation to ongoing support for Queen Elizabeth Kings's Lynn NHS Foundation Trust, 13 October 2014

129. Meeting with head of School of Health Sciences, 17 February 2015

142. Joint Action Plan for University of East Anglia, Institute of Health and Social Care and Health and Social Services Department, Guernsey, 30 January 2015

Follow up on recommendations from approval events within the last year

There have been no approval events in the last year.

Evidence / Reference Source

Specific issues to follow up from self-report

All actions highlighted in the 2014/15 self- report are complete. (2)

Specific issues followed up include:

Disclosure and barring service (DBS) process

In 2013-14 delays in the DBS completion process were preventing a small number of students attending practice areas on allocated dates. Following a university review and close monitoring of the process, targeted action has been taken at a much earlier point in time. The DBS clearance process was significantly smoother at the start of the 2014-15 academic year but there is still some work to be done to ensure DBS clearance is achieved for 100% of students in a timely manner.

At the review we found that the DBS clearance process has been more efficient in the current academic year. First year students all told us that they received DBS clearance in advance of their first placement experience (see 2.1.1).

Relocation of central maternity delivery suite - James Paget University Hospital

In January 2015 there is a planned relocation of the central maternity delivery suite, for refurbishment, James Paget University Hospital. This may potentially impact on midwifery student placement experience.

At the review we were told that the relocation had not yet commenced so the impact on midwifery students could not be assessed. This is an issue for future monitoring.

Improvement in communication - about changes to the timetable and rooms Increased commissions have put a strain on provision of accommodation. The university has made available extra teaching and study space. The school is exploring methods of informing students about changes in timetables and/or rooms. There has been a successful pilot using texting as an alternative method of communication with students, when unavoidable changes are necessary. Students told us that they had experienced no timetable changes and overall communication between themselves and the school is good (see 5.1.1).
Evidence / Reference Source
2. NMC annual self assessment programme monitoring, 2014-15

Findings against key risks
Key risk 1 – Resources **1.1 Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC** **1.2 Inadequate resources available in practice settings to enable students to achieve learning outcomes**
Risk indicator 1.1.1 - Registrant teachers have experience /qualifications commensurate with role.
What we found before the event
All nursing and midwifery programme leads and the majority of nursing and midwifery lecturers hold an NMC recorded teaching qualification. The school has a robust process for checking that lecturers maintain their NMC registration. Newly appointed nursing and midwifery lecturers, without a teaching qualification, are required to undertake a part time teaching programme in the second and third year following appointment. On completion they must record their teaching qualification with the NMC. (9 -11) Currently the staff/student ratio is 1:15. There is a robust system of peer review of teaching and appraisal which ensures teaching quality is closely monitored and developed. (12)

What we found at the event
We found that lecturing staff have experience and qualifications commensurate with their role. A large proportion have master's degrees; several hold PhDs; and, there is evidence of scholarship through publications and grant acquisitions. (122) Nursing (adult) Senior managers at HSC told us that currently the staff/student ration is 1:15 but the school is working towards the university requirement of 1:14. There are currently two vacancies which are being advertised, plus there will be a further 4.65 posts to meet the demands of increased adult commissions. By the end of the year seven posts will have been filled and the school will be up to its full complement. Of the 107 lecturer posts, 25 are academic, teaching and research (ATR) posts, contracted to teach 50% of their time. At the IHSCS the staff student ratio is 1:6 and there is one vacancy. (116) We were told that on commencement of the programme all students are allocated a personal advisor who will follow them through the three year programme. Each lecturer is allocated between 20 and 25 advisees and meets with them face-to-face as a group in the first week of the programme. Thereafter there are one-to-one meetings between the personal advisor and student three times per year, as a minimum requirement of the university. Students are encouraged to contact their personal advisor more frequently if they have a change of circumstances or require extra support. Personal advisors follow their students' progress by monitoring achievements in theory and practice. (116, 121) IHSCS, Guernsey told us that students are supported by personal teachers who fulfil the same role as their UEA partners. Students told us that they have good support from their personal teachers who each support between one and two students. (59, 116) Midwifery The LME is supported by the university to fulfil her role in line with NMC requirements. All midwifery teachers have experience and qualifications commensurate with their role and hold, or are working towards, NMC recorded teacher status. (122) We were told that the same personal advisor model applies to midwifery but each lecturer has, on average, three advisees per cohort. The staff student ratio is 1:12.8 (116, 121). We conclude from our findings that there are adequate appropriately qualified academic staff to deliver pre-registration nursing (adult) and midwifery programmes to meet NMC standards.
Evidence / Reference Source
9. UEA Staff information, February 2015 *10. NMC register checked 02 February 2015* *11. Staff Induction checklist, undated.*

12. Staff Appraisal and Development Scheme Guidelines, undated

59. Video conference with third year students, IHSCS, Guernsey, 17 February 2015

116. Meeting with senior staff, HSC and IHSCS (by video link), 17 February 2015

121. School of Health Sciences, personal advising model for pre- and post-registration BSc and MSC programmes, undated

122. Staff CVs, viewed 17 February 2015

Risk indicator 1.2.1 - sufficient appropriately qualified mentors / sign-off mentors / practice teachers available to support numbers of students

What we found before the event

The process for student allocation to practice placements is clearly outlined in the student practice learning handbook. Practice placement meetings are established with all the main trusts to plan and manage student placements. These are normally scheduled on a quarterly basis. There are sufficient mentors for a 1:1 student allocation. (13, 14, 15)

What we found at the event

Nursing (adult)

We were told that the allocation of students to practice placements follows a two year cycle. The placement team notifies the trusts of the proposed number of students to be allocated 16 weeks in advance. Trusts respond within four weeks, having checked the number of mentors on the live register. Students are informed provisionally of their allocated placement area 10 weeks in advance with final confirmation six weeks in advance. The same process is followed at the IHSCS. (116, 120)

During monitoring visits to practice areas all students, mentors, sign-off mentors and trust education leads confirmed that the planning of placements is well organised, structured and appropriate. Final placement students are allocated to a sign-off mentor and during spoke placements good communication is maintained with the student's primary mentor. Without exception all mentors act with due regard. Students are supernumerary in clinical areas and are able to achieve a minimum of 40% of their time with their named mentor. During absences mentors organise other mentors to deputise for them. There is no evidence of any other learner support demand on practice placement that would impact upon the value of the each of the placements. (61, 67-68, 70-71, 80-81, 83-84, 93-94, 96-97, 104-105, 107-108)

Midwifery

We learned that the cycle of placements is stable and planned three years in advance. We were told that there are sufficient sign-off mentors in practice to support students on

a 1:1 basis. Mentors act with due regard and are allocated by ward managers on the duty rota. Student midwives told us that they work alongside their sign-off mentor for more than 40% of the time in practice. On some occasions, for example with part-time mentors, a co-mentor may be allocated. However co-mentors are either sign-off mentors or midwives undertaking the mentor preparation programme. Students are also allocated a named supervisor of midwives (SoM). (63-65, 73-76, 87, 89, 99, 111, 113, 120, 151)

Practice placement learning environments are audited by link lecturers, in collaboration with ward managers, to ensure that mentor levels are adequate. In some areas, there is also capacity to accommodate other learners. (115)

Where students undertake one to two day spoke placement visits, they report back to their hub mentor. However for longer spoke placements, students are allocated a mentor. (111, 113)

We conclude from our findings that there are sufficient appropriately qualified mentors/sign-off mentors available to support the number of students in both nursing (adult) and midwifery programmes. All mentors/sign-off mentors act with due regard.

Evidence / Reference Source

13. University of East Anglia, School of Health Sciences, Faculty of Medicine and Health Sciences, Practice Learning Student Handbook, Academic Year 2014/5

14. Placement provider role, flow chart, May 2012

15. Minutes, nurse placements and placement co-ordinators meeting (Suffolk), 5 November 2014

61. Video conference with mentors, Guernsey, 17 February 2015

63. Meeting with midwifery students (Year three), 17 February 2015

64. Meeting with midwifery students (Years one and two), 17 February 2015

65. Meeting with midwifery mentors x2 (UEA), 17 February 2015

67. Meeting with students, cardiology unit, NNUHFT, 17 February 2015

68. Meeting with mentors, cardiology unit, NNUHFT, 17 February 2015

70. Meeting with students, Edgefield, NNUHFT, 17 February 2015

71. Meeting with mentors, Edgefield, NNUHFT, 17 February 2015

73. Meeting with midwifery mentors x2 (Blakeney postnatal ward), 17 February 2015

74. List of mentors x15 (Blakeney postnatal ward), 17 February 2015

75. Meeting with midwifery mentors x1 (MLBU), 17 February 2015

76. Meeting with midwifery mentors x1 (Cley antenatal ward), 17 February 2015

80. Meeting with students, Denver ward, QEHNHSFT, 18 February 2015

81. Meeting with mentors, Denver ward, QENHSFT, 18 February 2015

83. Meeting with students Oxborough ward, QEHNHSFT, 18 February 2015

84. Meeting with mentors, Oxborough ward, QEHNHSFT, 18 February 2015

87. Meeting with midwifery mentors x2 (Castleacre ward), 18 February 2015

89. Meeting with midwifery mentors x3 (Central delivery suite), 18 February 2015

93. Meeting with community nurse mentors, Derham hospital, 18 February 2015

94. Meeting with students, Derham hospital, 18 February 2015

96. Meeting with mentor, Foxley ward, Community hospital, 18 February 2015

97. Meeting with student, Foxley ward, Community hospital,18 February 2015

99. Meeting with midwifery mentors x2 and student x1 (18 month programme) (Dereham hospital), 18 February 2015

104. Meeting with student, ward 12, JPUH, 19 February 2015

105. Meeting with mentor, ward 12, JPUH, 19 February 2015

107. Meeting with student, ward 4, JPUH, 19 February 2015

108. Meeting with mentor, ward 4, JPUH, 19 February 2015

111. Meeting with mentors x4 (James Paget), 19 February 2015

113. Meeting with student x4 (James Paget), 19 February 2015

115. Educational Audits (Blakeney postnatal ward, MLBU, Cley antenatal ward, Castleacre ward, CDS, Dereham community/Dynamic audit database), 17-18 February 2015

116. Meeting with senior staff, HSSD and IHSCS (by video link), 17-18 February 2015

120. Meeting with senior university staff (Mentorship) at the UEA and Guernsey (via video link), 18 February 2015

151. Off duty rota (Blakeney postnatal ward, MLBU, Cley antenatal ward, Castleacre ward, Dereham community), 17-18 February 2015

Outcome: Standard met

Comments:

Forthcoming increased commissions for pre-registration nursing (adult) may stretch resources at the School of Health Sciences, UEA.

Areas for future monitoring:

Resources to accommodate increased commissions for pre-registration nursing (adult).

Findings against key risks

Key risk 2 – Admissions & Progression

2.1 Inadequate safeguards are in place to prevent unsuitable students from entering and progressing to qualification

Risk indicator 2.1.1 - admission processes follow NMC requirements
What we found before the event
The university holds a series of well attended open days to which prospective students and their families are invited. In addition to the open days the school runs a number of 'taster days' where prospective students can get an insight into the role of the nurse or midwife. For the endorsed programme, advertisements are placed in Guernsey newspapers and lecturers attend careers fairs across the island to generate interest and provide information about the programme. (2) Service users and practitioners are involved in the interview process, either directly in conversations with the applicants or via service user generated materials employed during the interview process. A new process of multiple mini interviews (MMI) has recently been introduced. These involve academic staff, practice partners, and service users. This approach is being used as it is considered the most effective mechanism for identifying those candidates who have the skills and values required for the profession. During the selection process, equal emphasis is placed on the decisions of academics, clinicians and service users. Applicants at the IHSCS, Guernsey, have individual face-to-face interviews by a panel which includes: a lecturer, practitioner and service user. All applicants meet the university requirements for literacy and numeracy, in line with recommendations of the NMC, and have literacy and numeracy tested at interview. This is used as a diagnostic for students who subsequently accept a place on the programmes and enables staff to provide support and direct students to university support as required. (2, 16, 17) Once an applicant has accepted a place on the programme a DBS check is undertaken and this is checked by a member of the admissions team. Successful candidates also have occupational health screening. Students are not allowed to undertake practice placements until all clearances have been obtained. The same recruitment processes are used for the endorsed programmes, although applicants become salaried employees. (18, 124) All practitioners have recruitment and equality training within their trusts. From 2014-15 service users involved in the selection process also have equality and diversity training. All academic staff are required to undertake regular equality and diversity training. In the past this has taken place as part of the general yearly interview training, and this will continue for Guernsey based staff. As of 2013-14 UEA staff training takes place via the university centre for staff development, e-learning equality and diversity. (19) There is a clear process for the admission of applicants with a disability. (20) The school has reviewed attrition from nursing and midwifery programmes and has developed an action plan to address issues that may reduce attrition. (21)

What we found at the event

We found that Universities and Colleges Admissions Service (UCAS) applications are screened by admissions staff using person specification and pre-determined entry criteria. Applicants predicted to meet the entry criteria are invited for interview. The MMI consists of four short, structured interview stations used to assess the candidate's non-cognitive qualities, including maturity, teamwork, empathy, reliability and communication skills. At the end of each mini interview the interviewer evaluates the candidate's performance. Interviewers score independently with the overall score collated at the end (16-17 and 125).

The school has a clear policy and procedure for the protection of students who are under 18 years of age at the time of entry to the undergraduate programmes. There have been no students under 18 years accepted. However, if there were the school has trained designated mentors to provide appropriate support and guidance. Furthermore, first year students do not go to areas of complex need (123).

Nursing (adult)

Service users told us that they are fully involved in the selection process; have their own station in the MMIs; and, have equal influence in the decision making process. We also learned that a service user is part of the interview process at the IHSCS, Guernsey (118).

Students confirmed that occupational health and DBS checks are completed before commencing clinical practice. Students told us they provide the university with the original DBS certificate. The university photocopies the original DBS check certificate and each student is expected to record DBS details at the beginning of their clinical passport documentation. All students reported that clinical placement did not commence until they were in receipt of their DBS and had submitted it to the UEA. Recently no students have been delayed in commencing placement due to late return of DBS clearance. Students told us they annually confirm their continued good health and good character. Mentors and trust education leads reported being routinely invited to participate in selection and admission processes. (67-68, 70-71, 78, 80-81, 83-84, 104-105, 107-108, 124)

Midwifery

Admission processes meet NMC requirements and interviewers have equality and diversity training. Practitioners are involved in the selection process which includes consideration of professional values and behaviours. Evidence of direct service user involvement in the selection process is limited but the multiple mini interview process has been established and involves service users.

The selection process includes enhanced disclosure and barring service checks and occupational health clearance. Practice placement partners receive confirmation of this from the UEA prior to commencement of student placements. Midwifery students told us that they annually confirm their continued good health and good character (57, 62, 64, 76, 86, 102, 113).

We conclude that all admissions and progression procedures are robust and effectively

implemented to ensure students entering and progressing on the nursing (adult) and midwifery programmes meet NMC standards and requirements, fundamental to protection of the public.

Evidence / Reference Source

2. NMC annual self assessment programme monitoring, 2014-15

16. Undergraduate admission process, school of nursing (NSC) admissions, 2013

17. NSC multiple mini interviews, 2014 Entries

18. Undergraduate nursing admissions policy, 2015 Entry

19. Equality and diversity, undated

20. Admissions process: disabled applicants, undated

21. Student attrition reduction action plan, academic year 2013/14, 03 June 2014

57. Meeting with directors of nursing, heads of midwifery, education leads 17 February 2015

62. Meeting with LME and midwifery programme team 17 February 2015

64. Meeting with midwifery students (Years one and two) 17 February 2015

67. Meeting with students, cardiology unit, NNUHFT, 17 February 2015

68. Meeting with mentors, cardiology unit, NNUHFT, 17 February 2015

70. Meeting with students, Edgefield, NNUHFT, 17 February 2015

71. Meeting with mentors, Edgefield, NNUHFT, 17 February 2015

76. Meeting with midwifery mentors x1 (Cley antenatal ward) 17 February 2015

78. Meeting with senior managers (QEH) 18 February 2015

80. Meeting with students, Denver ward, QEHNHSFT, 18 February 2015

81. Meeting with mentors, Denver ward, QENHSFT, 18 February 2015

83. Meeting with students Oxborough ward, QEHNHSFT, 18 February 2015

84. Meeting with mentors, Oxborough ward, QEHNHSFT, 18 February 2015

86. Meeting with ward manager (Castleacre ward) 18 February 2015

102. Meeting with senior managers and clinical educators, including director of nursing, head of midwifery, lead nurses, head of education and practice development, practice development midwife (James Paget) 19 February 2015

104. Meeting with student, ward 12, JPUH, 19 February 2015

105. Meeting with mentor, ward 12, JPUH, 19 February 2015

107. Meeting with student, ward 4, JPUH, 19 February 2015

108. Meeting with mentor, ward 4, JPUH, 19 February 2015

113. Meeting with student x4 (James Paget) 19 February 2015

118. Meeting with service users at the UEA and Guernsey (via video link), 18 February 2015

123. University of East Anglia, policy and procedures for protection of students on the UEA undergraduate and postgraduate degree programmes who are under 18 years old at entry, November 2013

124. UEA admissions to pre-registration programmes in the School of Health Sciences, Procedure for satisfactory Disclosure and Barring Service (DBS) clearance, undated

125. Admissions, recruitment and marketing, summary of process, undated.

Risk indicator 2.1.2 - programme providers procedures address issues of poor performance in both theory and practice

What we found before the event

The school has a robust fitness to practise (FtP) policy and process which is closely aligned to the UEA professional misconduct and/or unsuitability processes. The FtP review group (FPRG) is convened when there is deemed to be a continuing risk to the public. There is joint membership of FPRG by UEA and IHSCS, Guernsey, staff. (22-24)

During the 2013/14 session there were 110 concerns raised, broken down as follows: 21 related to failure to complete required documentary evidence; 17 related to student behaviour in practice; 16 related to attendance, engagement and progression; 11 related to contact with others, e.g. social media. The remaining cases were varied in their cause for concern. Of these 110 cases, 72 required no further action beyond alerting the personal adviser/course director who met with the student and where necessary put in place a plan for additional support and guidance. In the majority of cases this ended the matter and no further action was required. Eleven cases remain open pending further investigation and five cases are on hold awaiting consideration of the outcome of legal/criminal action. Twelve of the students intercalated and their records will be reopened on their return, and 10 students withdrew. The withdrawals were either at the personal request of the student or at the request of the board of examiners for failure to meet academic requirements. (2)

What we found at the event

We viewed the FtP tracker spreadsheet which clearly showed the cases awaiting further assessment, those referred to FtP and those on hold. The spreadsheet for the IHSCS shows five students for whom concerns were raised in the last year. Concerns included: completion of academic documents; student wellbeing; or, nature of contact with others. All are reported as retained on file with none referred to FtP. (141)

Our findings confirm the university has effective policies and procedures in place for the management of poor performance in both theory and practice. These are clearly understood by all stakeholders. We are confident that concerns are investigated and dealt with effectively and the public is protected.

Evidence / Reference Source
2. NMC annual self assessment programme monitoring, 2014-15 *22. General regulations for students: http://www.uea.ac.uk/calendar/section3/regs(gen)/gen-regs-for-students accessed, 01 February 2015* *23. Fitness to practise decision making tool, February 2013* *24. Role and function of the fitness to practise review group, undated* *141. UEA and IHSCS, Guernsey, FtP trackers, 2013/14*
Risk indicator 2.1.3 - Programme providers' procedures are implemented by practice placement providers in addressing issues of poor performance in practice
What we found before the event
There is a comprehensive process for practice placement providers to raise concerns about students' performance in practice. Should a member of the academic/placement staff or a fellow student have concerns regarding a student's behaviour or health and well-being, a designated form is completed and submitted to the academic lead for FtP. (26-27)
What we found at the event
Nursing (adult) Students, mentors, sign-off mentors and trust education leads could all tell us about processes to deal with matters around failing students or poor performance. There is a full awareness of the need for early remedial interventions for students. In all cases university representatives would be contacted and fully involved in action plans. (67-68, 70-71, 79-81, 83-84, 104-108) Midwifery Mentors work closely with link lecturers if they identify a cause for concern and need to address issues of poor performance in practice. Mentors use the mid-point interview, within the practice assessment process, to provide feedback to students on their performance and facilitate their formative development. A tripartite meeting is also held between the student, mentor and link lecturer at this mid-point. (62, 65, 73, 75-76, 87, 89-90, 99, 111, 158) We conclude from our findings that practice placement providers have a clear understanding of and confidence to initiate procedures to address issues of students' poor performance in practice. This process, whilst supportive, also ensures that

students are competent and fit to practise in accordance with both university and NMC requirements to protect the public.

Evidence / Reference Source

26. University of East Anglia, form for reporting a cause for concern regarding a student, September 2014

27. Cause for concern form regarding a student- guidance notes, undated

62. Meeting with LME and midwifery programme team, 17 February 2015

65. Meeting with midwifery mentors x2 (UEA), 17 February 2015

67. Meeting with students, cardiology unit, NNUHFT, 17 February 2015

68. Meeting with mentors, cardiology unit, NNUHFT, 17 February 2015

70. Meeting with students, Edgefield, NNUHFT, 17 February 2015

71. Meeting with mentors, Edgefield, NNUHFT, 17 February 2015

73. Meeting with midwifery mentors x2 (Blakeney postnatal ward), 17 February 2015

75. Meeting with midwifery mentors x1 (MLBU), 17 February 2015

76. Meeting with midwifery mentors x1 (Cley antenatal ward), 17 February 2015

79. Meeting with clinical learning environment lead, QEHNHSFT, 18 February 2015

80. Meeting with students, Denver ward, QEHNHSFT, 18 February 2015

81. Meeting with mentors, Denver ward, QENHSFT, 18 February 2015

83. Meeting with students Oxborough ward, QEHNHSFT, 18 February 2015

84. Meeting with mentors, Oxborough ward, QEHNHSFT, 18 February 2015

87. Meeting with midwifery mentors x2 (Castleacre ward), 18 February 2015

89. Meeting with midwifery mentors x3 (Central delivery suite), 18 February 2015

90. Practice assessment document, September 2014

99. Meeting with midwifery mentors x2 and student x1 (18 month programme) (Dereham hospital), 18 February 2015

104. Meeting with student, ward 12, JPUH, 19 February 2015

105. Meeting with mentor, ward 12, JPUH, 19 February 2015

107. Meeting with student, ward 4, JPUH, 19 February 2015

108. Meeting with mentor, ward 4, JPUH, 19 February 2015

111. Meeting with mentors x4 (James Paget), 19 February 2015

158. Student portfolios x2 (James Paget CDS), 19 February 2015

Risk indicator 2.1.4 - systems for the accreditation of prior learning and achievement are robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency

What we found before the event

There is a clear process for managing accreditation of prior experiential learning (APEL) and certificated learning (APCL) with a dedicated pre-registration APL co-ordinator. A guide for candidates accepted on the programme depicts a flow chart and mapping tool to be used as part of the APL claim. (28-29)

What we found at the event

We learned that six students had gained APL in the 2013/14 academic year. All these students were granted one year of APL. Four students had completed a foundation degree in health sciences as part of the assistant practitioner programme with local NHS partners; one student had successfully completed one year on a pre-registration programme at another AEI; and another had gained a nursing registration in the Philippines. We viewed records for these successful APL claims and are satisfied they meet NMC standards. (130-131)

In accordance with the NMC standards for pre-registration midwifery education there is no APEL permitted within the midwifery programmes.

We found systems for the accreditation of prior learning and achievement are robust and well managed within the school.

Evidence / Reference Source

28. Accreditation of prior learning (APL) and transfers into the programme, extract from document, undated

29. University of East Anglia, guide to APL for pre-registration nursing and midwifery, undated

130. APL admissions, 2013/14

131. APL files x 6, 2013/14

Outcome: Standard met

Comments:

Service user involvement in midwifery interviews is less well developed than that for the nursing programmes.

Areas for future monitoring:

Service user involvement in the midwifery selection process.

Findings against key risks
Key risk 3 - Practice Learning **3.1 Inadequate governance of and in practice learning** **3.2 Programme providers fail to provide learning opportunities of suitable quality for students** **3.3 Assurance and confirmation of student achievement is unreliable or invalid**
Risk indicator 3.1.1 - evidence of effective partnerships between education and service providers at all levels, including partnerships with multiple education institutions who use the same practice placement locations
What we found before the event
The UEA holds a service level agreement with Health Education East of England (HEEE), which commissions the nursing and midwifery programmes. There are different contractual agreements with independent organisations. At a strategic level compliance to NMC standards is monitored through operational contract meetings and quarterly strategic reviews. There is a clear strategic and operational interface between the UEA and Health Education East of England. (30-34) The HSC has established regular educational governance meetings with the trusts, usually run on a bi-monthly basis. These are multi-disciplinary and chaired by the trust educational lead, with other members including: training department; assistant directors nursing/heads of department; practice representation; and practice education facilitators (PEF). (35) Educational audits are undertaken every two years using a web based system. This ensures audits are available in practice placement areas and are 'live'. All placements are recorded on an audit database which automatically RAG rates practice areas as green (audit up to date), amber (audit to expire in three months), red (audit out of date), or blue (audit areas on hold/out of action/in development). (36 and 37) The collaborative learning in practice project (CLiP) was developed in partnership between the UEA and HEEE. It was piloted at the Norfolk and Norwich University Hospital, James Paget Hospital and Norfolk Community Health and Care NHS Trusts and is being rolled out across the East of England. Early patient satisfaction data suggests improved patient experience. (2) The school has a detailed process for raising and escalating concerns in practice. There is a clear flow chart advising actions at each stage and a report form to document the incident. A log of all concerns raised is maintained across all health schools at the UEA, to ensure information sharing. (38)

What we found at the event
A representative of the commissioning body told us that there is effective partnership working between the UEA and HEEE. There are several shared forums and operational contract meetings which confirm that key performance indicators are being achieved (117). Minutes of the strategic mentorship meeting and the UEA/UCS joint education meeting demonstrate collaboration between the school; service partners; and the neighbouring AEI. Furthermore, UEA service partners told us that they have effective working relationships with the university at all levels within their organisations. However, whilst there are effective working relationships between the HSC and IHSCS, Guernsey, partnership working with the Health and Social Services Department (HSSD), Guernsey, is less clear. The joint action plan promises closer liaison between the HSSD governance lead, IHSCS and HSC head of school (57, 133-134, 142) We learned that currently the UEA, IHSCS and USC are developing a shared audit tool. Following the exception report relating to the IHSCS, further enhancements have been made to the audit tool. For example, ensuring auditors give detailed evidence as to what informs their judgements about the quality of the learning environment (135). We found that all practice placements used for both pre-registration nursing (adult) and midwifery have an up-to-date educational audit using a standardised form. Audits are conducted online with electronic signatures and hard copies retained in all clinical facilities. We saw evidence of updating of the audit to reflect service reconfiguration in one area. We viewed electronic and hard copies of the audit documents to ensure consistency of quality and standards. Audit documents for both HSC and IHSCS reflected the practice placement areas effectively, detailing their placement capacity and consideration for all types of practice learning. (36,102,115,135) We learned that the CLiP project requires link lecturers, mentors and students to reconfigure teaching in the clinical area. It adopts a coaching strategy to deliver effective clinical student learning. This requires a stronger focus towards self learning and personal responsibility for learning. It is suggested that one of the main strengths of this approach is the increased motivation, confidence and competence that emerges among students and that individual learning is not dependent upon one person. Students driving their own learning in this context also have the opportunity to offer learning opportunities to their coaches. The project is fully compliant with NMC standards for learning and practice. (164) We were told that the academic lead (practice education) has overall responsibility for the raising and escalating concerns process. This responsibility involves escalating concerns to the education lead and director level in all NHS trusts and to the appropriate senior manager in other organisations that provide practice education for students. The academic lead (practice education) is responsible for maintaining the log of all concerns reported and produces a yearly report to the university, NHS trusts and organisations that are part of the governance arrangements. Lecturers at the IHSCS told us that the raising and escalating concerns policy has been strengthened and students conform to the same process as HSC students. (132, 137-138, 142)

In addition to the school's raising and escalating concerns policy the LME, heads of midwifery and supervisors of midwives have agreed a process of reporting to the university when a student is involved with care where a serious incident occurs. (136)

The UEA practice partners told us that they would immediately inform the HSC head of school of any adverse CQC findings or other clinical governance issues. There is a robust process for the withdrawal of students from learning environments that are considered to be unsafe. This is evidenced by recent action following the N&SNHSFT CQC report. (57, 132)

The removal from practice of pre-registration nursing students at the IHSCS has caused disruption for some students. The third year students we spoke to had only been suspended from practice for a short period and did not consider their progression had been delayed. However, for the first and second year students their programme is suspended. They told us that they felt let down by the IHSCS; they had no debrief as to why their programme was suspended; and, their redeployment as health care assistants was rushed and ill conceived. (59-60)

Lecturers from the IHSCS told us that the decision to remove students from placement had been made in December 2014. It was important to safeguard the students' economic stability, hence redeployment of first and second year students as health care assistants. Since January 2015 the institute has been providing monthly study days for redeployed students. The aim of the study days is to enhance the student experience of working in health and social care; and, to maintain students' ability to engage in learning activities in order to make a seamless transition back to the pre-registration programme later this year. To date the IHSCS evaluations of the study days show mixed responses. Whilst some students feel they have gained further insight into caring, empathy and disability, others feel that the approach is patronising, teaching them what they know already; and not a good use of time. There is, however, recognition by some students that the lecturers are trying to make the best of an unprecedented situation. (57, 132, 149, 150)

We conclude that whilst the HCS, at the UEA, maintains well established and effective partnerships with its neighbouring AEI, local practice placement providers and the IHSCS, partnerships with HSSD, Guernsey require improvement.

Evidence / Reference Source

2. NMC Annual Self Assessment Programme Monitoring, 2014-15

30. Template for learning development agreement between AEI and Health Education East of England, September 2013

31. Excerpt from Health Education East of England learning development agreement, 06 September 2013

32. Quarterly strategic review (QSR) and operational contract management (OCM), undated

33. University of East Anglia practice placement agreement for non-medical healthcare pre-registration students (template), undated

34. Current strategic and operational interface between the UEA and Health Education East Anglia, undated

35. Norfolk and Suffolk , NHS Foundation Trust, clinical education governance meeting agenda, 07 November 2014

36. Monitoring and evaluation of clinical placements (educational audit), undated

37. James Paget University Hospital NHS Foundation Trust, Educational Audit data, December 2013

38. University of East Anglia raising and escalating concerns relating to practice (HSC), reviewed 2015

57. Meeting with directors of nursing, heads of midwifery, education leads and clinical governance lead, HSSD, Guernsey (via video link), 17 February 2015

59. Video conference with third year students, Guernsey, 17 February 2015

60. Video conference with first and second year students, Guernsey, 17 February 2015

102. Meeting with senior managers and clinical educators, including director of nursing, head of midwifery, lead nurses, head of education and practice development, James Paget university hospital (JPUH), 19 February 2015

115. Educational audits, Blakeney post natal ward, MBLU, Cley antenatal ward, Castleacre ward, CDS, Dereham community (dynamic audit database), viewed 17-19 February 2015

117. Teleconference with commissioner, 17 February 2015132. Meeting with senior university staff (Clinical Governance) at the UEA and Guernsey (via video link), 18 February 2015

133. Minutes of strategic mentorship group meeting, 01 December 2014

134. UEA/UCS joint education meeting, 08 October 2014

135. Monitoring and evaluation of practice learning environments (educational audit), 2015

136. UEA Reporting a serious incident in placement involving a student midwife, undated

137. Faculty of Medicine and Health Sciences - Raising concerns log October to December 2014

138. Reporting changes/incidents in the practice learning environment to placement lead, 13 December 2013

142. Joint Action Plan for University of East Anglia, Institute of Health and Social Care and Health and Social Services Department, Guernsey, 30 January 2015

149. Timetables for study days organised by IHSC for first and second year students suspended from practice, January to May 2015

150. Student evaluations of IHSC study days, January 2015

164. Collaborative Learning in Practice (CLiP) principle, undated

Risk indicator 3.2.1 - practitioners and service users and carers are involved in programme development and delivery

What we found before the event

Nursing (adult)

Each programme module has a nominated service user/carer (SUC) working alongside the module team. These SUCs contribute to: the module development; skills sessions; active engagement in objective structured clinical examination (OSCE); classroom teaching; and, summative assessment in enquiry based learning. The school is exploring: the involvement of service users as members of education and management committees; a wider diversity of service user groups, e.g. the elderly and people from different ethnic backgrounds; and, a strategic approach for service user involvement across all disciplines within the School of Health Sciences. (39)

Midwifery

There is a separate service user group for the midwifery programmes but there is

overlap with nursing in that one member sits on both groups. (39)

The school is reviewing its leadership structures relating to service user involvement, and has recently appointed a service user to the role of service user lead to work alongside the faculty lead for service user involvement. Since taking up post in September 2014 the service user lead has begun a thorough mapping exercise across all programmes in the school to establish the scope of current practice. This will be used to inform the new school strategic plan in relation to SUC involvement. The first step in this direction is the recent foundation of a service user led steering group which will help to further guide the strategic developments in this area. (2)

What we found at the event

We met with an enthusiastic group of service users and the recently appointed service user lead. The service users told us of their experiences in stakeholder events to plan nursing and midwifery curricula; involvement in programme approvals; planning, development and delivery of modules; scrutinising formative assessment of practice; involvement in OSCEs; design of examination questions; and involvement in course and teaching committees. A service user from Guernsey confirmed she had similar involvement in the pre-registration nursing programmes at the IHSCS. The service users told us they feel valued by the UEA and the experience of involvement in the programmes has enhanced their lives. (118)

There is a clear remuneration policy for the payment of an hourly fee and travelling expenses for service users involved in any aspects of programme development and delivery. (139)

Whilst undertaking practice placement visits we had the opportunity to meet service users and patients who have been provided with care by students during this academic year. Feedback from SUCs was extremely positive, clearly stating that: they are given the opportunity to refuse student involvement in their care; students consistently introduced themselves; and, are always well supervised. Additional feedback from SUCs indicated that students are always appropriately dressed in uniform; appeared confident and competent; are respectful; asked applicable questions; and work seamlessly as a part of the care-giving team. (82, 85,106,112)

Senior managers, education leads and practice development managers, for both nursing and midwifery, told us they are regularly involved in programme development and delivery. (77, 92, 102)

Our findings confirm that practitioners and service users and carers are involved in programme development and delivery for pre-registration nursing (adult) and midwifery.

Evidence / Reference Source

2. NMC annual self assessment programme monitoring, 2014-15

39. Service user implementation plan, 2013-14, November 2013

77. Meeting with trust education lead and practice development manager, NNUHFT, and review of mentor register, 17 February 2015

82. Meeting with service users, Denver ward, QEHNHSFT, 18 February 2015

85. Meeting with service users, Oxborough ward, QEHNHSFT, 18 February 2015

92. Meeting with midwifery matron and practice development midwife (QEHNHSFT), 18 February 2015

102. Meeting with senior managers and clinical educators, including director of nursing, head of midwifery, lead nurses, head of education and practice, 17 February 2015

106. Meeting with service user, ward 12, JPUH, 19 February 2015

112. Meeting with service user, ward 11, JPUH, 19 February 2015

118. Meeting with service users with a video link to Guernsey, 18 February 2015

139. Procedures for payments for involvement work by patients, carers and members of the public in the School of Health Sciences at the UEA, undated

Risk indicator 3.2.2 - academic staff support students in practice placement settings

What we found before the event

The role of a link lecturer is to maintain and develop education/practice links in order to facilitate an effective clinical learning environment in conjunction with practice. The primary role of the link lecturer is to support the mentor and liaise between the practice environment and the school. However, students may also access the link lecturer for additional support and guidance. Students are supported by the link lecturer in relation to escalating concerns. (13, 40)

Pre-registration nursing (adult)

Formal link lecturer visits are documented in the audit document. (5)

Midwifery

There are tripartite meetings between the student, link lecturer and mentor at the mid progression point. Further tripartite meetings can be organised if necessary. (5)

What we found at the event

Nursing (adult)

Students, mentors, sign-off mentors and trust educational leads all told us that they have close working relationships with link lecturers and their visits, although not standardised, are nevertheless clearly visible and an integral component of the clinically based team. (61, 66, 79, 102)

Midwifery

We were told that the tripartite arrangement is a supportive process in which the mentor and link lecturer support the student midwife in practice. The link lecturer is present at the midway formative review which builds upon the earlier formative interview held at

the start of the practice placement (140).

We conclude that academic link lecturers effectively support students and mentors in practice placements for nursing (adult) and midwifery pre-registration programmes.

Evidence / Reference Source

5. Meeting with nursing lecturers and LME, 04 February 2015

13. University of East Anglia, School of Health Sciences, Faculty of Medicine and Health Sciences, practice learning student handbook, academic year 2014/5

40. Link lecturer role, 12 June 2013

61. Video conference with mentors, Guernsey, 17 February 2015

66. Meeting with trust education lead, Norwich and Norfolk university hospitals NHS foundation trust (NNUHFT), 17 February 2015

79. Meeting with clinical learning environment lead, QEHNHSFT, 18 February 2015

102. Meeting with senior managers and clinical educators, including director of nursing, head of midwifery, lead nurses, head of education and practice, 17 February 2015

140. UEA Tripartite relationship in the pre-registration midwifery assessment of practice, undated

Risk indicator 3.3.1 - evidence that mentors, sign-off mentors and practice teachers are properly prepared for their role in assessing practice

What we found before the event

The university has an NMC approved mentorship programme which was re-approved in 2012. An endorsed mentorship programme was also approved for provision in Guernsey. (9)

What we found at the event

We were told that the mentorship programme is presented as an unaccredited module and is also at academic levels five, six and seven. There are two intakes per year with one intake run at King's Lynn. The IHSCS also has two intakes of mentor students per annum. (120)

Nursing (adult)

Mentors and sign-off mentors told us they are well prepared for their role in supporting learning and achievement in practice learning environments. All mentors have achieved a recognised mentorship qualification that meets the NMC standards to support learning and assessment in practice. The mentors we interviewed from IHSCS had all mapped onto the mentor register having undertaken a teaching programme recognised by the NMC. (61, 66, 68, 71, 77, 81, 84, 93, 96,105,108, 120)

Midwifery

All midwifery mentors told us they have undertaken a mentor preparation programme and meet the requirements for sign-off in accordance with the NMC standards. Students told us that they receive appropriate support and supervision from mentors. (63-65, 73, 75, 76, 87, 89, 99, 111, 113)

We conclude that nursing and midwifery mentors are effectively prepared for their role in assessing practice.

Evidence / Reference Source

2. NMC annual self assessment programme monitoring, 2014/15

9. UEA Staff information, February 2015

61. Video conference with mentors, Guernsey, 17 February 2015

63. Meeting with midwifery students (Year three), 17 February 2015

64. Meeting with midwifery students (Years one and two), 17 February 2015

65. Meeting with midwifery mentors x2 (UEA), 17 February 2015

66. Meeting with trust education lead, Norwich and Norfolk university hospitals NHS foundation trust (NNUHFT), 17 February 2015

68. Meeting with mentors, cardiology unit, NNUHFT, 17 February 2015

71. Meeting with mentors, Edgefield, NNUHFT, 17 February 2015

73. Meeting with midwifery mentors x2 (Blakeney postnatal ward), 17 February 2015

75. Meeting with midwifery mentors x1 (MLBU), 17 February 2015

76. Meeting with midwifery mentors x1 (Cley antenatal ward), 17 February 2015

77. Meeting with trust education lead and practice development manager, NNUHFT, and review of mentor register, 17 February 2015

81. Meeting with mentors, Denver ward, QENHSFT, 18 February 2015

84. Meeting with mentors, Oxborough ward, QEHNHSFT, 18 February 2015

87. Meeting with midwifery mentors x2 (Castleacre ward), 18 February 2015

89. Meeting with midwifery mentors x3 (Central delivery suite), 18 February 2015

93. Meeting with community nurse mentors, Derham hospital, 18 February 2015

96. Meeting with mentor, Foxley ward, Community hospital, 18 February 2015

99 Meeting with midwifery mentors x2 and student x1 (18 month programme) (Dereham hospital), 18 February 2015

105. Meeting with mentor, ward 12, JPUH, 19 February 2015

108. Meeting with mentor, ward 4, JPUH, 19 February 2015

111. Meeting with mentors x4 (James Paget), 19 February 2015

113. Meeting with student x4 (James Paget), 19 February 2015

120. Meeting with senior university staff (Mentorship) at the UEA and Guernsey (via video link), 18 February 2015

Risk indicator 3.3.2 - mentors, sign-off mentors and practice teachers are able to attend annual updates sufficient to meet requirements for triennial review and

understand the process they have engaged with
What we found before the event
The school contributes to mentor updates in collaboration with its service partners and neighbouring AEIs, sharing the same placement areas. In addition to link lecturer support, practice-based mentors have access to a placement website. This website includes all university processes, handbooks and assessment documentation that a mentor may need to access when supporting and assessing a pre-registration student. (41-43)
What we found at the event
Nursing (adult) We were told that there are eight mentor updates per month across all trusts, but anyone from any trust can access the updates. Attendance is recorded and registers are updated. Additionally the school provides online updates for the independent sector. These are interactive and lecturers can monitor participation (120) We learned that mentors must attend at least one face-to-face update, annually. This provides an opportunity to network and share ideas of concern. Updates, according to the mentors and trust education lead, provide the ideal forum for the UEA to inform clinical colleagues about any changes in curricular documentation or processes. (102, 105) Managers and link lecturers told us they are confident that mentors and sign-off mentors are consistent in their judgements of students' performance and rigorous in upholding the standards required for safe practice. The school grades student performance in practice and support for this mechanism is varied. Students told us that mentors provide clear feedback and do not sign-off any element until the student is able to demonstrate consistent performance in the skill or behaviour being assessed. However, there is a feeling amongst students and some mentors that the grading of practice in nursing is inconsistent and subjective. The UEA is working hard to address issues of inter-rater reliability and we collected evidence of effective practice in standardising the judgements made by mentors and sign-off mentors. (61, 66, 68, 71, 77, 81, 84, 93, 96,105,108, 120) Midwifery Mentor updates take place once a month and are integrated into mandatory practice sessions. Mentors also have access to the mentor pages on the UEA website, which includes generic information for midwives and is an excellent resource. Mentors demonstrate a good understanding of, and compliance with, the practice assessment process and documentation. (65, 73, 75- 76, 87, 89-90, 99, 111, 120, 158-159) Triennial review is normally completed by line managers and monitored by practice development midwives. Some mentors maintain the UEA mentor update booklet as

preparation for triennial review. (77, 86, 92, 102)

Some students told us they believe there is inconsistency in mentors' assessment in practice, particularly in relation to the award of a numerical mark for the grading of practice. Mentors reported confidence in the banding but acknowledged that the validity and reliability of the numerical mark within each band may vary. (63-65, 73, 75-76, 87, 89-94, 96-97, 99, 111, 113)

We conclude that mentors and sign-off mentors attend annual updates sufficient to meet requirements for triennial review and to support the assessment of practice.

Evidence / Reference Source

41. Dates for ECCH mentor/practice educator days, 2014/2015

42. Mentor Updates, James Paget Hospital, 2014/15

43. Joint mentor update UCS and the UEA, Powerpoint, undated

61. Video conference with mentors, Guernsey, 17 February 2015

63. Meeting with midwifery students (Year three), 17 February 2015

64. Meeting with midwifery students (Years one and two), 17 February 2015

65. Meeting with midwifery mentors x2 (UEA), 17 February 2015

66. Meeting with trust education lead, Norwich and Norfolk university hospitals NHS foundation trust (NNUHFT), 17 February 2015

68. Meeting with mentors, cardiology unit, NNUHFT, 17 February 2015

71. Meeting with mentors, Edgefield, NNUHFT, 17 February 2015

73. Meeting with midwifery mentors x2 (Blakeney postnatal ward), 17 February 2015

75. Meeting with midwifery mentors x1 (MLBU), 17 February 2015

76. Meeting with midwifery mentors x1 (Cley antenatal ward), 17 February 2015

77. Meeting with trust education lead and practice development manager, NNUHFT, and review of mentor register, 17 February 2015

81. Meeting with mentors, Denver ward, QENHSFT, 18 February 2015

84. Meeting with mentors, Oxborough ward, QEHNHSFT, 18 February 2015

87. Meeting with midwifery mentors x2 (Castleacre ward), 18 February 2015

86. Meeting with midwifery ward manager Castleacre, 18 February 2015

89. Meeting with midwifery mentors x3 (Central delivery suite), 18 February 2015

90. Practice assessment document, 18 February 2015

91. Viewing midwifery mentor register (QEHNHSFT), 18 February 2015

92. Meeting with midwifery matron and practice development midwife (QEHNHSFT), 18 February 2015

93. Meeting with community nurse mentors, Derham hospital, 18 February 2015

94. Meeting with students, Derham hospital, 18 February 2015

96. Meeting with mentor, Foxley ward, Community hospital, 18 February 2015

97. Meeting with student, Foxley ward, Community hospital, 18 February 2015

99. Meeting with midwifery mentors x2 and student x1 (18 month programme) (Dereham hospital), 18 February 2015

102. Meeting with senior managers and clinical educators, including director of nursing, head of midwifery, lead nurses, head of education and practice

105. Meeting with mentor, ward 12, JPUH, 19 February 2015

108. Meeting with mentor, ward 4, JPUH, 19 February 2015

111. Meeting with mentors x4 (James Paget), 19 February 2015

113. Meeting with student x4 (James Paget), 19 February 2015

120. Meeting with senior university staff (Mentorship) at the UEA and Guernsey (via video link), 18 February 2015

158. Student portfolios x 2, James Paget CDS, 19 February 2015

159. UEA website, Midwifery generic information for midwives, accessed, 19 February 2015

Risk indicator 3.3.3 - records of mentors / practice teachers are accurate and up to date

What we found before the event

The joint strategic mentor group meets three times per year to oversee provision of mentor updates and maintenance of live mentor registers. (44)

What we found at the event

Nursing (adult)

We inspected mentor registers in all placements we visited. Additionally, we reviewed a copy of the live mentor register from IHSCS, Guernsey. Registers contain accurate and regularly updated details of triennial reviews and updates. There are processes to remind mentors and sign-off mentors when updates are due. Additionally there is clear guidance of action to be taken when mentors fall outside the requirements to remain on the register. The details held on the register correlated with the information contained in the educational audit. (66, 77, 79, 102, 162)

Midwifery

Mentor registers are maintained by trusts and there are a variety of formats in use across the region. The mentor registers reviewed are appropriate and up-to-date, including a record of annual updates and triennial review. The practice development midwives report that a ‘snap shot’ of the register is sent to the UEA every six months. (77, 91, 114)

We conclude that records of mentors and sign-off mentors are accurate and up-to-date and meet the NMC requirements.

Evidence / Reference Source
44. Minutes of strategic mentorship group meeting, 10 February 2014 *66. Meeting with trust education lead, Norwich and Norfolk university hospitals NHS foundation trust (NNUHFT), 17 February 2015* *77. Meeting with trust education lead and practice development manager, NNUHFT, and review of mentor register, 17 February 2015* *79. Meeting with clinical learning environment lead, QEHNHSFT, 18 February 2015* *91. Viewing midwifery mentor register (QEHNHSFT), 18 February 2015* *102. Meeting with senior managers and clinical educators, including director of nursing, head of midwifery, lead nurses, head of education and practice development, James Paget university hospital (JPUH), 19 February 2015* *114. Mentor register (James Paget), 19 February 2015* *162. List of live current mentors from live register, Guernsey, 19 February 2015*
Outcome: Standard requires improvement
Comments: There is a comprehensive action plan in place to address clinical governance issues in at the IHSCS, Guernsey. However, further work is required to ensure: there are sufficient successfully audited placements to support the reintroduction of years one and two students; the live register must reflect the availability of sufficient mentors to support these students; and the interim year one and two students, currently suspended from the programme, require the maximum support.
Areas for future monitoring: Ongoing improvements in the quality of the learning environment at the Queen Elizabeth Hospital, Kings Lynn NHS Foundation Trust Successful implementation of the joint action plan between the HSC, the UEA; IHSCS; and HSSD, Guernsey. Impact of relocation of the central maternity delivery suite, at James Paget hospital, on the midwifery student placement experience. Inter-rater reliability for grading of practice in both nursing and midwifery

Findings against key risks

Key risk 4 - Fitness to Practice

4.1 Approved programmes fail to address all required learning outcomes that the NMC sets standards for

4.2 Audited practice placements fail to address all required learning outcomes in practice that the NMC sets standards for

Risk indicator 4.1.1 - students achieve NMC learning outcomes, competencies and proficiencies at progression points and for entry to the register for all programmes that the NMC sets standards for
What we found before the event
Nursing (adult) The programme uses a blended learning approach. A balance between lecturer-led learning activities and experiential student-led learning strategies help the student to develop as an effective independent practitioner. The programme is divided into six modules over the course of the three years. Each module links theory to practice and has a range of formative and summative assessments. The UEA uses an electronic database to capture multiple pieces of information for students including personal details, assessment data and a record of the theory and practice time each student has completed. (45-46) Midwifery (three year) The three year midwifery programme comprises six modules, two per year. These modules are core and each contain school and placement components designed to support an integrated model of learning for applying theory to practice. There is a 59.3% practice and 40.7% theory split. The longer placements enable students to access a wide range of learning opportunities and manage their learning with mentors more effectively. An inter-professional learning programme spans the three years. The school is aiming to register for United Nations Children's Fund (UNICEF) baby friendly status and therefore the relevant content and assessment outcomes are included. (47) Midwifery (18 month) The 18 month midwifery programme is designed for registered nurses and consists of six compulsory modules, studied on a full time basis. (48)
What we found at the event
Nursing (adult) Students told us that they understood the assessment strategy and appreciated opportunities for formative strategies to prepare them for summative assessment and their personal and professional growth and development. They reported making the best use of lectures, tutorials and simulated learning to develop the requisite skills and understanding around all areas of nursing practice. Students and mentors all commented that theoretical concepts are closely connected to practice and that this is evidenced via the practice based nature of most coursework components. We saw evidence of students meeting the requirements of the European directives by student self-reporting and student practice portfolios. (45, 50, 58-61, 67-68, 70-71, 80-81, 83-84, 93-94, 96-97, 104-105, 107-108)

Midwifery

The three year and the 18 month midwifery programmes address the required learning outcomes to meet NMC standards. Students exiting the programmes are considered fit to practise by employers. (51, 57, 78, 92, 102)

The programme includes a range of teaching and learning strategies including simulated learning and skills development. Theory and practice are closely linked and appropriately balanced. Students positively evaluate the quality of teaching and the support provided in theory and practice. An effective formative and summative assessment strategy is in place. (51, 62-64)

The student learning experience on spoke visits is varied. However, the pre-registration midwifery (three year) course director explained how the hub and spoke placements met the European directives. This involves the care of women with pathological conditions in the field of gynaecology and initiation into care in the field of medicine and surgery. This is recorded in the 'red skills book' and monitored by personal advisors at the annual progression meeting. (100-101, 156-157)

Our findings conclude that learning, teaching and assessment strategies in the approved programmes enable students to successfully meet the required programme learning outcomes, NMC standards and competencies.

Evidence / Reference Source

45. UEA Pre-registration nursing formative learning and summative assessment activity, 2013/14, 2014/15

46. UEA, learning, teaching and quality committee, programme specification, Bachelor of Science (honours) Adult Nursing, 2013/14

47. UEA, learning, teaching and quality committee, programme specification, Bachelor of Science (honours) Midwifery (three year), 2013/14

48. UEA, learning, teaching and quality committee, programme specification, Bachelor of Science (honours) Midwifery (18 month), 2013/14

50. Assessment of practice document, module 1, undated

51. Bachelor of Science (Hons) Midwifery, student handbook, academic year 2014-15

57. Meeting with directors of nursing, heads of midwifery, education leads, 17 February 2015

58. Meeting with programme team and video conference to Guernsey, 17 February 2015

59. Video conference with third year students, Guernsey, 17 February 2015

60. Video conference with first and second year students, Guernsey, 17 February 2015

61. Video conference with mentors, Guernsey, 17 February 2015

62 Meeting with LME and midwifery programme team, 17 February 2015

63. Meeting with midwifery students (Year three), 17 February 2015

64 Meeting with midwifery students (Years one and two), 17 February 2015

67. Meeting with students, cardiology unit, NNUHFT, 17 February 2015

68. Meeting with mentors, cardiology unit, NNUHFT, 17 February 2015

70. Meeting with students, Edgefield, NNUHFT, 17 February 2015

71. Meeting with mentors, Edgefield, NNUHFT, 17 February 2015

78. Meeting with senior managers (QEH), 18 February 2015

80. Meeting with students, Denver ward, QEHNHSFT, 18 February 2015

81. Meeting with mentors, Denver ward, QENHSFT, 18 February 2015

83. Meeting with students Oxborough ward, QEHNHSFT, 18 February 2015

84. Meeting with mentors, Oxborough ward, QEHNHSFT, 18 February 2015

92. Meeting with midwifery matron, practice development midwife (QEH), 18 February 2015

93. Meeting with community nurse mentors, Derham hospital, 18 February 2015

94. Meeting with students, Derham hospital, 18 February 2015

96. Meeting with mentor, Foxley ward, Community hospital, 18 February 2015

97. Meeting with student, Foxley ward, Community hospital, 18 February 2015

100. Clinical requirements for students including student passport ('Red skills book'), July 2013

101. Meeting with Course director (three year programme), 18 February 2015

102. Meeting with senior managers and clinical educators, including director of nursing, head of midwifery, lead nurses, head of education and practice development, practice development midwife (James Paget), 19 February 2015

104. Meeting with student, ward 12, JPUH, 19 February 2015

105. Meeting with mentor, ward 12, JPUH, 19 February 2015

107. Meeting with student, ward 4, JPUH, 19 February 2015

108. Meeting with mentor, ward 4, JPUH, 19 February 2015

156. Guidance on spoke visits in addition to placement hub base, undated

157. Guidance notes and record of the annual progression meeting, undated

Risk indicator 4.2.1 - students achieve NMC practice learning outcomes, competencies and proficiencies at progression points and for entry to the register for all programmes that the NMC sets standards for

What we found before the event

Nursing (adult)

Students must demonstrate safe practice of essential skills and mentors sign this off in the assessment of practice document (AP). Students have access to the electronic database and can track how many outstanding hours they have to make up. Prior to final consideration by a board of examiners each student is reviewed to ensure they have completed 2,300 theory and practice hours (49-50)

Midwifery

Formal progression points sit at the end of each year of the three year programme. The

mentor is required to sign at each progression point to confirm: completion of all the practice learning outcomes for the year in question; the student is practising at the relevant level; and the student is ready to progress to practising at the next level, or for the final module, is competent to enter the NMC professional register. (57)

What we found at the event

Nursing (adult)

Essential skills are addressed in students' ongoing record of achievement and passport documentation. This documentation provides an ideal opportunity for mentors and sign-off mentors to identify poor performance and potentially failing students; and also put in place remedial supportive programmes. Mentors, PEFs and managers report high levels of confidence and competence to practice among students and confirm that on completion of the programme students are fit for practice and fit for purpose. (45, 50-51, 58-61, 67-68, 70-71, 80-81, 83-84, 93-94, 96-97, 104-105, 107-108)

Midwifery

Students achieve the NMC competencies, essential skills clusters and European directives in accordance with the NMC standards for pre-registration midwifery education. The essential skills clusters are clearly assessed in practice, for example, medicines management is addressed in all years of the programme. (62, 90, 100-101, 158)

The programmes include an appropriate range of practice placements and all students gain experience of continuity of midwifery care through case-loading. There are a wide range of student learning experiences available on placements, as outlined in the preparation for placement/student welcome packs and resource files. (51, 62, 153- 154, 158, 160)

Students are prepared for practice on completion of the programme and employment opportunities are good. A two-week elective placement is available where students can gain experience in another local trust, or elsewhere. (62-64, 78, 92,102)

We conclude that students on the nursing (adult) programme and student midwives on midwifery programmes achieve NMC practice learning outcomes and competencies at progression points and meet the NMC standards for entry to the relevant part of the NMC register.

Evidence / Reference Source

45. UEA Pre-registration nursing formative learning and summative assessment activity, 2013/14, 2014/15

49. School of Health Sciences attendance policy, undated

50. Assessment of practice document, module 1, undated

51. Bachelor of Science (Hons) Midwifery, student handbook, academic year 2014-15

57. Meeting with directors of nursing, heads of midwifery, education leads and clinical governance lead, HSSD

(by video link), 17 February 2015

58. Meeting with programme team and video conference to Guernsey, 17 February 2015

59. Video conference with third year students, Guernsey, 17 February 2015

60. Video conference with first and second year students, Guernsey, 17 February 2015

61. Video conference with mentors, Guernsey, 17 February 2015

62. Meeting with LME and midwifery programme team, 17 February 2015

63. Meeting with midwifery students (Year three), 17 February 2015

64. Meeting with midwifery students (Years one and two), 17 February 2015

67. Meeting with students, cardiology unit, NNUHFT, 17 February 2015

68. Meeting with mentors, cardiology unit, NNUHFT, 17 February 2015

70. Meeting with students, Edgefield, NNUHFT, 17 February 2015

71. Meeting with mentors, Edgefield, NNUHFT, 17 February 2015

78. Meeting with senior managers (QEH), 18 February 2015

80. Meeting with students, Denver ward, QEHNHSFT, 18 February 2015

81. Meeting with mentors, Denver ward, QENHSFT, 18 February 2015

83. Meeting with students Oxborough (or Necton) ward, QEHNHSFT, 18 February 2015

84. Meeting with mentors, Oxborough (or Necton) ward, QEHNHSFT, 18 February 2015

90. Practice assessment document, September 2014

92. Meeting with midwifery matron, practice development midwife (QEH), 18 February 2015

93. Meeting with community nurse mentors, Derham hospital, 18 February 2015

94. Meeting with students, Derham hospital, 18 February 2015

96. Meeting with mentor, Foxley ward, Community hospital, 18 February 2015

97. Meeting with student, Foxley ward, Community hospital,18 February 2015

100. Clinical requirements for students including student passport ('Red skills book'), July 2013

101. Meeting with Course director (three year programme), 18 February 2015

102. Meeting with senior managers and clinical educators, including director of nursing, head of midwifery, lead nurses, head of education and practice development, practice development midwife (James Paget), 19 February 2015

104. Meeting with student, ward 12, JPUH, 19 February 2015

105. Meeting with mentor, ward 12, JPUH, 19 February 2015

107. Meeting with student, ward 4, JPUH, 19 February 2015

108. Meeting with mentor, ward 4, JPUH, 19 February 2015

153. Student welcome pack (MLBU), 17 February 2015

154. Preparation for placement pack (Cley antenatal ward), 17 February 2015

158. Student portfolios x2 (James Paget CDS), 19 February 2015

160. Student/mentor resource file including welcome pack (James Paget Ward 11, CDS), 19 February 2015

Outcome: Standard met
Comments: No further comments
Areas for future monitoring: None identified

Findings against key risks
Key risk 5 - Quality Assurance **5.1 Programme providers' internal QA systems fail to provide assurance against NMC standards**
Risk indicator 5.1.1 - student feedback and evaluation/ Programme evaluation and improvement systems address weakness and enhance delivery
What we found before the event
There is a clear practice evaluation process. Students complete an electronic evaluation form at the end of each module. This includes both theory and practice. Student evaluations are fed back to practice areas at operational level by link lecturers and subsequent local plans evolved to develop the learning environment. Mentor evaluations and overview of student evaluation are fed in twice a year to the educational governance meetings with a view to identifying organisational trends/risks and develop action plans. These meetings also feed into the trust board meetings. Students also compete an end of course evaluation. (52-55, 165).
What we found at the event
We learned that evaluation is systematically organised. Electronic feedback is open to students one week before and one week after placement; data is collated by administrative staff and posted on the placement site; the administrator informs link lecturers that feedback is available; mentor feedback is removed from assessment of practice documents, collated by administrative staff and posted on the placement site. (143)

Nursing (adult)

A report of UEA nursing evaluations demonstrates that for the last academic year 639 evaluations were returned, 438 of which were adult nursing. Analysis of qualitative comments demonstrates that they follow four main themes: learning outcomes, perception of overall experience; perception of support from mentor and/or other staff; perception of placement suitability. (144)

A report of mentor evaluations shows that over the last year there were 699 mentor evaluations received; of which 422 were adult nursing mentors. The majority of mentors agreed that they had adequate preparation for their role; almost all agreed that students are adequately prepared for placement and they are able to spend 40% of their time with students. Mentors understood assessment documentation and could access link lecturers. (145)

Students all reported completing module and end of year evaluations. No reports of changes to the programme were noted by the students. (66, 79,102, 104-105)

Midwifery

The midwifery team carry out a 'you said, we did' exercise. A summary of student comments and lecturer responses demonstrate that overall students are positive about the programme. Lecturers have given helpful and detailed responses to student suggestions for programme improvement. (146-147)

Educational governance meetings are held every six months with all stakeholders involved. Programme, module and placement evaluations are used to inform continuing programme developments. Students report that the programme team are very responsive to feedback and examples were given, such as changes to the delivery suite allocation in year one (62-64, 113).

We conclude that there are effective quality assurance processes in place to manage risks, address areas for development and enhance the delivery of nursing (adult) and midwifery pre-registration programmes.

Evidence / Reference Source

52. Student module evaluation form (pre-registration), October 2013

53. Pre-registration module placement evaluations – placement report form, undated

54. Report of mentor evaluations, September 2013 to August 2014.

55. Pre-registration programme committee, terms of reference, undated.

62. Meeting with LME and midwifery programme team 17 February 2015

63. Meeting with midwifery students (Year three) 17 February 2015

64. Meeting with midwifery students (Years one and two) 17 February 2015

66. Meeting with trust education lead, Norwich and Norfolk university hospitals NHS foundation trust (NNUHFT), 17 February 2015

79. Meeting with clinical learning environment lead, QEHNHSFT, 18 February 2015

102. Meeting with senior managers and clinical educators, including director of nursing, head of midwifery, lead

nurses, head of education and practice

104. Meeting with student, ward 12, JPUH, 19 February 2015

105. Meeting with mentor, ward 12, JPUH, 19 February 2015

113. Meeting with student x4 (James Paget) 19 February 2015

143. Student evaluations of practice, January 2015

144. Report of the UEA nursing student practice evaluations, 2013/14

145. Report of mentor evaluations, September 2013 to August 2014

146. Midwifery- 'you said we did' evaluations, 2013/14

147. Midwifery evaluations, 2013/14

165. Placement evaluation flow chart, undated

Risk indicator 5.1.2 - concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners

What we found before the event

The cause for concern process is included in the student practice learning handbook. Risk assessment is a regular item on the agenda of all the education governance bi-monthly meetings between the practice partners and the school. These meetings are used as the monitoring reporting process with action logs that keep a record of joint actions taken. (13, 34, 161)

What we found at the event

Minutes of the joint education meeting show that student concerns are addressed and followed up. (134)

Nursing (adult)

The external examiners are very positive about the delivery and the assessment of the programme. There is evidence that one external examiner visited students in practice. This external examiner found that students are positive about the programme and the support they receive from mentors and academic staff. However, there are mixed views about the grading of practice. One examiner reports that it is an effective way of acknowledging the value of practice experience. Alternatively, two other examiners ask that the course team consider the grading of practice and ways in which it affects the degree classification. There is evidence that examiners moderate work from both HSC and IHSCS. However, there is a suggestion by one examiner that the co-ordination of submission dates between the two AEIs would assist in comparison of consistency, adherence to guidelines and achievement of learning outcomes. (126)

The school has made full and detailed responses to external examiner comments. In

response to the reliability of the grading process the school is strengthening the moderation strategy and plans to review the grading process as part of continuous monitoring. HSC confirms that students in Guernsey have the same submission dates, publication of results and examination board schedules. However, due to the smaller number of scripts being managed, scripts from the IHSCS have been sent to external examiners slightly earlier. At the exam board it was agreed that this would be co-ordinated so that the external examiner can submit one report per assessment. (126)

Midwifery

There is evidence that external examiners visit students in practice. The external examiner commented favourably on the standards and outcomes of the programmes. Additionally she was positive about the overall quality of the learning environments used by midwifery students. The external examiner also commented on the grading of practice as elevating degree classification. However, the programme team assured the external examiner that appropriate mentor updates and tripartite assessment makes the process more robust. (127–128, 163)

We conclude from our findings that the university has robust processes in place to ensure issues raised in practice learning settings are appropriately dealt with and communicated to relevant partners.

Evidence / Reference Source

13. University of East Anglia, School of Health Sciences, Faculty of Medicine and Health Sciences, practice learning student handbook, academic year 2014/5

126. External examiner reports, pre-registration nursing (adult) x 4: 02 October 2014, 25 September 2014, 18 September 2014, 07 October 2014

127. Responses to external examiner comments x 4: 10 October 2014

128. Midwifery external examiner reports with responses from the midwifery team, 09 October 2013

129. Letter from midwifery external examiner regarding visits to practice placements, 02 December 2013

134. UEA/UCS joint education meeting, 08 October 2014

161. Norfolk and Suffolk , NHS Foundation Trust, clinical education governance meeting agenda, 07 November 2014

Outcome: Standard met

Comments:

External examiners' comments match those of students regarding the inter-rater reliability of grading of practice for both nursing and midwifery. We are confident that this is being addressed but it has been identified as an issue for future monitoring in section three.

Areas for future monitoring:

None identified

Personnel supporting programme monitoring
Prior to monitoring event
Date of initial visit: 04 Feb 2015
Meetings with:
Director of Teaching and Learning – incoming Faculty Placement Lead (Director of Teaching and Learning – outgoing) Professor of Nursing Academic Lead Practice Education Lead midwife for education QA lead, Guernsey (by video link) Pre-registration nursing lead, Guernsey (by video link)
At monitoring event
Meetings with:
Head of school Director of teaching and learning incoming Lead midwife for education Faculty placement lead (and Director of Teaching & Learning – outgoing) Programme lead adult nursing Associate director teaching and learning, pre-registration director of admissions Academic lead – assessment (nursing) Academic lead – practice education Service user lead – outgoing Service user lead – incoming Academic lead – assessment (midwifery, ODP and post registration) Academic lead – fitness to practise Strategic mentorship lead Academic lead – pre-registration programmes, IHSCS, Guernsey Quality assurance lead, IHSCS, Guernsey

Acting head of institute, IHSCS, Guernsey

Meetings with:

Mentors / sign-off mentors	28
Practice teachers	
Service users / Carers	11
Practice Education Facilitator	
Director / manager nursing	9
Director / manager midwifery	4
Education commissioners or equivalent	1
Designated Medical Practitioners	
Other:	8 Practice Development Midwife x3 Clinical Educator x5

Meetings with students:

Student Type	**Number met**
Registered Nurse - Adult	Year 1: 7 Year 2: 6 Year 3: 9 Year 4: 0
Registered Midwife - 18 & 36M	Year 1: 4 Year 2: 5 Year 3: 7 Year 4: 0

Protecting the public through quality assurance of nursing and midwifery education

NMC UK Wide Quality Assurance Framework

Evaluation of reviewer performance by managing reviewer or Mott MacDonald observer

Name of programme provider/LSA:	East Anglia, University of
LSA review / monitoring visit / Approval event date:	17 Feb 2015
Name of reviewer:	Mrs Sophia Hunt

Please comment and give a grade 1 to 4 on how well the reviewer achieved the following areas:

Key: 1 = Outstanding, 2 = Good, 3 = Satisfactory, 4 = Unsatisfactory

If you use grade 4 for any area, please ensure you provide commentary as this will help Mott MacDonald with planning and targeting professional development generally and for individuals.

The information you provide on this form will be fed back to the reviewer as well as enabling Mott MacDonald to monitor quality in order to maintain and improve on systems, processes and standards.

Demonstrated good knowledge of NMC rules, standards and requirements. 2 - Good

Sophia, you understand the NMC rules and standards well and bring a different and refreshing perspective to their interpretation.

Used data provided in the programme provider's Requirements of approved education institutions and assuring the safety and effectiveness of practice learning (NMC 2013). (Only applicable to education QA). 2 - Good

Gathered, analysed and interpreted relevant evidence during the monitoring/approval / review process. 1 - Outstanding

Sophia, the gathering and interpretation of evidence from service users is excellent and contributed significantly to the quality of our report.

Made judgements that were objective, fair and based securely on evidence. 2 - Good

Sophia, You skillfully weighed up evidence (from the lay perspective) and assisted effectively in our consensus of judgements.

Demonstrated understanding of the NMCs proportionate risk based approach to QA in line with the new QA framework. 2 - Good

Established effective and professional working relationships with other team members 2 - Good

Sophia, You were a valuable member of the team and I hope you felt we gave equal weight to your judgements.

Communicated clearly, convincingly and succinctly, both orally and in writing. 2 - Good

Sophia, your writing style is clear, detailed and free from jargon.

OVERALL PERFORMANCE (consider all aspects of performance to judge overall competence as a reviewer) 2 - Good

Sophia, You contributed very well to what I consider was a complex review. Thank you for your input and submission of a very good report.

ANY OTHER COMMENTS (please include any major strengths areas for improvement or future training needs)

Protecting the public through quality assurance of nursing and midwifery education

NMC UK Wide Quality Assurance Framework

QA of reviewer report

Organisation	East Anglia, University of
Programmes Reviewed	Registered Nurse - Adult; Registered Midwife - 18 & 36M
Reviewer	Mrs Sophia Hunt
Reader	[redacted]
Date of Approval / Monitoring / LSA Review:	17 Feb 2015
Date of Reading	23 Feb 2015

Purpose: form is used to provide written feedback on the report following an approval event.

Purpose of the quality assurance activity is to ensure that:

- the work of reviewers is highly professional
- the report is fit for purpose i.e. suitable for its intended audience
- the report is of high quality

Key questions	Select	Comments
Is the report **clear?**	(•) Yes ( ) No	A detailed and well written report.
Is the report **concise?**	(•) Yes ( ) No	
Is the report **consistent?** Text and grades in the report form match.	(•) Yes ( ) No	
Is the report **correct?** Free from jargon.	(•) Yes ( ) No	

Is the report **convincing?**	(•) Yes ( ) No	
Is there sufficient attention to each of the relevant rules / standards / key risks?	(•) Yes ( ) No	Sophia, you captured the feedback from service users very well and made the report more convincing.

Overall comment:

Sophia, A very good report which captured all the key issues and reflects the service user perspective very well. I have just sent it back for you to include the issues for future monitoring, we agreed, and placements visited. I have cut and paste the relevant information into the word document I will send so it should not be too onerous. Thank you.

Evidence Cover Sheet

Appendix two:
Date(s): 08 – 10 March 2016
Appendix title(s): 2.2.1 Report – University of South Wales (USW), dated 21 March 2016 2.2.2 Feedback on my performance as a QA Lay Reviewer – USW 2.2.3 Feedback on report writing – USW
Context of the evidence: In 2016, the NMC conducted a quality assurance framework review of the Mentorship and Learning Disabilities Nursing programmes at the USW. I was the LR for this review. The overall report is co-authored with three NMC RRs; I have therefore submitted feedback regarding my own performance during the review and feedback on my report writing, as further evidence of my contribution to the report authorship.
Purpose of the evidence: On this review I met with members of the USW's Teaching and Research Advisory Committee (TRAC) who challenged the approach I took and my use of language. Reflecting on this experience has fundamentally changed my approach to undertaking reviews, how I ask questions and how I represent people who use health and care services. I found this review challenging and ultimately this was significant in my development as a critical practitioner and has influenced my future actions.
Signposting to key points of reference: Appendix 2.2.1 – page 16 & 17 – Risk indicator 2.1.1 – admission processes Appendix 2.2.1 – page 24 to 26 – Risk indicator 3.2.2 – service user involvement Appendix 2.2.2 – page 1 – box 3 – Gathering and interpreting evidence Appendix 2.2.2 – page 2 – box 3 – Overall performance Appendix 2.2.3 – page 2 – box 4 – Overall comment

Mott MacDonald

Protecting the public through quality assurance
of education and supervision of midwives

NMC Nursing & Midwifery Council

2015-16
Monitoring review of performance in mitigating key risks identified in the NMC Quality Assurance framework for nursing and midwifery education

Programme provider	University of South Wales
Programmes monitored	Mentorship; Registered Nurse - Learning Disabilities
Date of monitoring event	08-10 Mar 2016
Managing Reviewer	Shirley Cutts
Lay Reviewer	Sophia Hunt
Registrant Reviewer(s)	David Mudd, Carole Proud
Placement partner visits undertaken during the review	Community support team – Cardiff East Community support team – Cardiff West Llanfrechfa Grange assessment and treatment unit Hafod Y Wennol, service for clients with challenging behaviour Craig Y Parc special school Heatherwood Court private sector medium secure unit Llanarth Court – Osbern Ward, private sector medium secure unit Community drug and alcohol team, Ysbyty Cwm Cynon - Cwm Taff University Health Board (UHB) Community hospital – Cwm Taff UHB District nursing team, Dewi Sant - Cwm Taff UHB Royal Glamorgan Hospital – Cwm Taff UHB Princess of Wales Hospital – Abertawe Bro Morgannwg UHB Mental health rehabilitation unit, Cefn-Yr-Afon - Abertawe Bro Morgannwg UHB Bridgend Community Mental Health Team - Abertawe Bro Morgannwg UHB
Date of Report	21 Mar 2016

Introduction to NMC QA framework
The Nursing and Midwifery Council (NMC)

The NMC exists to protect the public. We do this by ensuring that only those who meet our requirements are allowed to practise as a nurse or midwife in the UK. We take action if concerns are raised about whether a nurse or midwife is fit to practise.

Standards for pre-registration education

We set standards and competencies for nursing and midwifery education that must be met by students prior to entering the register. Providers of higher education and training can apply to deliver programmes that enable students to meet these standards. The NMC approves programmes when it judges that the relevant standards have been met. We can withhold or withdraw approval from programmes when standards are not met.

Quality assurance (QA) and how standards are met

The quality assurance (QA) of education differs significantly from any system regulator inspection.

As set out in the NMC QA framework, which was updated in 2015, approved education institutions (AEIs) are expected to report risks to the NMC. Review is the process by which the NMC ensures that AEIs continue to meet our education standards. Our risk based approach increases the focus on aspects of education provision where risk is known or anticipated, particularly in practice placement settings. It promotes self-reporting of risks by AEIs and it engages nurses, midwives, students, service users, carers and educators.

Our role is to ensure that pre-registration education programmes provide students with the opportunity to meet the standards needed to join our register. We also ensure that programmes for nurses and midwives already registered with us meet standards associated with particular roles and functions.

The NMC may conduct an extraordinary review in response to concerns identified regarding nursing or midwifery education in both the AEI and its placement partners.

The published QA methodology requires that QA reviewers (who are always independent to the NMC) should make judgments based on evidence provided to them about the quality and effectiveness of the AEI and placement partners in meeting the education standards.

QA reviewers will grade the level of risk control on the following basis:

Met: Effective risk controls are in place across the AEI: The AEI and its placement partners have all the necessary controls in place to safely control risks to ensure programme providers, placement partners, mentors and sign-off mentors achieve all stated standards. Appropriate risk control systems are in place without need for specific improvements.

Requires improvement to strengthen the risk control: The AEI and its placement partners have all the necessary controls in place to safely control risks to ensure programme providers, placement partners, mentors and sign-off mentors achieve stated standards. However, improvements are required to address specific weaknesses in AEI's and its placement partners' risk control processes to enhance assurance for public protection.

Not met: The AEI does not have all the necessary controls in place to safely control risks to enable it, placement partners, mentors and sign-off mentors to achieve the standards. Risk control systems and processes are weak; significant and urgent improvements are required in order that public protection can be assured.

It is important to note that the grade awarded for each key risk will be determined by the lowest level of control in any component risk indicator. The grade does not reflect a balance of achievement across a key risk.

When a standard is not met an action plan must be formally agreed with the AEI directly and, when necessary, should include the relevant placement partner. The action plan must be delivered against an agreed timeline.

Summary of findings against key risks

Resources	**1.1 Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC**	1.1.1 Registrant teachers have experience / qualifications commensurate with role.			
	1.2 Inadequate resources available in practice settings to enable students to achieve learning outcomes	1.2.1 Sufficient appropriately qualified mentors / sign-off mentors / practice teachers available to support numbers of students			
Admissions & Progression	**2.1 Inadequate safeguards are in place to prevent unsuitable students from entering and progressing to qualification**	2.1.1 Admission processes follow NMC requirements	2.1.2 Programme providers' procedures address issues of poor performance in both theory and practice	2.1.3 Programme providers' procedures are implemented by practice placement providers in addressing issues of poor performance in practice	2.1.4 Systems for the accreditation of prior learning and achievement are robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency
Practice Learning	**3.1 Inadequate governance of and in practice learning**	3.1.1 Evidence of effective partnerships between education and service providers at all levels, including partnerships with multiple education institutions who use the same practice placement locations			
	3.2 Programme providers fail to provide learning opportunities of suitable quality for students	3.2.1 Practitioners and service users and carers are involved in programme development and delivery	3.2.2 Academic staff support students in practice placement settings		
	3.3 Assurance and confirmation of student achievement is unreliable or invalid	3.3.1 Evidence that mentors, sign-off mentors, practice teachers are properly prepared for their role in assessing practice	3.3.2 Mentors, sign-off mentors and practice teachers are able to attend annual updates sufficient to meet requirements for triennial review and understand the process they have engaged with	3.3.3 Records of mentors / practice teachers are accurate and up to date	
Fitness for Practice	**4.1 Approved programmes fail to address all required learning outcomes in accordance with NMC standards**	4.1.1 Documentary evidence to support students' achievement of all NMC learning outcomes, competencies and proficiencies at progression points and or entry to the register and for all programmes that the NMC sets standards for			
	4.2 Audited practice placements fail to address all required learning outcomes in accordance with NMC standards	4.2.1 Documentary evidence to support students' achievement of all NMC practice learning outcomes, competencies and proficiencies at progression points and upon entry to the register and for all programmes that the NMC sets standards for			
Quality Assurance	**5.1 Programme providers' internal QA systems fail to provide assurance against NMC standards**	5.1.1 Student feedback and evaluation / programme evaluation and improvement systems address weakness and enhance delivery	5.1.2 Concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners		

Standard Met	*Requires Improvement*	*Standard Not met*

Introduction to University of South Wales' programmes

Nursing and midwifery programmes in the University of South Wales (USW) are delivered through the school of care sciences (the school) which is part of the faculty of life sciences and education (the faculty). The school provides a number of undergraduate and postgraduate programmes, alongside a number of short courses in nursing.

Numbers on commissioned programmes are predicated by workforce plans by three university health boards – Cwm Taf, Abertawe Bro Morgannwg and Aneurin Bevan. The diverse geography provides students with opportunities to work with service users and carers from a diverse range of populations. To complement these wide ranging placements the school also has a state-of-the-art clinical simulation centre which replicates a fully operational mini-hospital, its wards and specialist units including intensive care, an emergency department including ambulance simulator, paediatric and maternity suites, complete with the technologies you would find in an acute hospital.

More than half of USW's nursing and healthcare research is either world-leading or internationally excellent and all of the research is internationally recognised, according to the 2014 research excellence framework (1).

The workforce education and development service (WEDS), Welsh government (educational commissioner) NHS Wales acts as the sole commissioner for nursing and midwifery programmes in Wales (2). The current pre-registration nursing learning disability programme was approved in 2012. There is one intake of learning disability students per year in September. In 2015 there were 30 commissioned places which will increase to 43 in September 2016 (10).

Students are based on the Glyntaff campus for the theoretical part of the programme. For practice placements they are based in one of the health boards and also with private healthcare service providers (2).

The mentor programme was approved in March 2013 with four conditions and one recommendation. The programme is delivered four times per year at each of three sites with approximately 250 students undertaking the programme every year. The programme has two fixed study days; one at the beginning and one at the end of the programme. The same learning resources are used across the three health boards ensuring consistency of delivery. Three further days are undertaken covering five distance learning units which focus on the eight NMC domains (4).

The mentorship programme is provided at level six and does not have any associated academic credit. The programme is normally completed within three months with the student mentor achieving the outcomes stated within the domains of the NMC Standards to support learning and assessment in practice (2008) (SLAiP) (4).

The monitoring visit took place over three days and we visited seven learning disability placements and 10 mentorship placements.

Summary of public protection context and findings

Our findings conclude that the University of South Wales approved programmes have systems and processes in place to monitor and control risks of three standards, resources, admissions and progression and practice learning to assure protection of the public. We found two standards not met for the mentor preparation programme; fitness for practice and quality assurance. Action is required to address the significant weaknesses identified, to ensure that all NMC standards and requirements are met and public protection assured.

The university produced an action plan to address the two unmet outcomes. A documentary review on 28 September 2016 to review progress made against the action plan confirmed that the action plan has been fully implemented and the identified risks are now controlled.

Control of the key risks is outlined as follows:

Resources – met

We found that the school has sufficient appropriately qualified staff in both the university and practice areas to support students. All the staff we met are enthusiastic about their role. Professional development is encouraged and supported in both the university and the practice areas. Systems are in place in both the school and the health boards to support staff through the NMC revalidation process.

Admissions and progression – met

We found that the school and their practice partners work closely together to ensure that admission and progression policies and procedures are implemented. Practice partners and service users are integral to the admissions process. Practice partners and students are familiar with fitness for practice procedures and we saw evidence of their implementation. Accreditation of prior learning (APL) procedures are understood and implemented.

Practice learning – met

We found that the partnership working is extremely strong, described as ‘second to none’ by the commissioners. Students are well supported in practice placements by both school staff and their mentors. Mentors are well prepared for their role and supported by the practice facilitators (PF). Mentor registers are maintained by the PFs and held in the health boards. Close communication between the PFs, the link lecturers (LL) and the university placement department ensure that students are placed appropriately with a qualified and updated mentor.

Fitness for practice – not met

We found that students on the pre-registration nursing programme are enthusiastic and positive about the programme they are undertaking. They report that they are well prepared for their practice placement experiences and that the theoretical part of the pre-registration programme reflects contemporary learning disabilities health and social care practice. Teaching staff are creative in their approach, looking to create a dynamic learning environment.

We found that the mentor preparation programme is not subject to the rigorous scrutiny required for an NMC approved programme. The programme is delivered by the PFs in the health boards and managed by a lecturer – the programme leader (PL)

in the school. The PFs support the student mentors through the programme and mark their portfolios on completion of the programme. The PFs meet regularly and there is very strong partnership working across the health boards. They were able to describe their marking procedures but there is no evidence of formal marking criteria to enhance consistency across the health boards, or of internal moderation processes to demonstrate inter-rater reliability.

The PL and the PFs have monthly meetings, but there are no minutes recorded and consequently there is no evidence to demonstrate that the management of the programme is discussed. The school does not have documentary evidence to support students' achievement of the programme learning outcomes. This evidence is held by the PFs in their respective health boards. It is not routinely submitted to the PL and was not produced during the monitoring visit. This standard is not met and action is required to control the risk.

The university implemented an action plan to address the need for rigorous scrutiny of the mentor programme. The plan included ensuring that PF meetings with the PL are minuted, the development of common marking criteria and the application of formal moderation processes.

A documentary review on 28 September 2016 to review progress made against the action plan confirmed that revised systems and processes are in place to ensure that meetings between the PL and the PFs are minuted, that the common marking criteria is used across all sites and that internal and external moderation processes are implemented.

Quality assurance – not met

Processes are in place for students on the pre-registration nursing learning disability programme to evaluate theory and practice. The teaching team respond to student feedback through formal and informal methods.

The EE appointed to the programme has the appropriate professional and academic qualifications and engages with both theory and practice.

The mentor preparation programme is evaluated by the student mentors, and evaluates very positively. New mentors feel well prepared for their role. The PFs respond to the evaluations, sharing feedback across the health boards. There is no process for the school to be formally involved in this process, therefore there is no evidence of quality assurance systems in place by the university to provide assurance against NMC standards.

An external examiner (EE) has been appointed to the programme. Scrutiny of professional and teaching qualifications revealed that the teaching qualification is not one approved by NMC. Neither is there any evidence that the EE has moderated any completed portfolios. This standard is not met and action is required to control the risk.

The university implemented an action plan to address the appropriateness of the EE and the recording of their scrutiny of the student mentors work.

A documentary review on 28 September of evidence submitted by the university against the action plan confirmed that revised systems and processes are in place to

ensure that an appropriately qualified EE is in place and that they clearly record their scrutiny of the programme and student mentors' submitted work.

Summary of areas that require improvement

The evidence submitted by the university to support completion of the action plan was reviewed on 28 September 2016 and confirmed that systems and processes are now in place to address all of the issues identified below.

The following areas are not met and require urgent attention:

The university must ensure that documentary evidence is available to demonstrate that students undertaking the mentorship programme consistently meet the learning outcomes and competencies required by the NMC Standards for supporting learning and assessment in practice (2008).

The university must introduce quality assurance mechanisms to provide assurance to the NMC that the non-accredited mentorship programme undergoes the same rigorous academic processes as its pre-registration provision, including internal moderation and EE processes.

Summary of areas for future monitoring

Mentor preparation programme:

- Marking and moderation processes by the PFs in the health boards
- Moderation processes within the university
- Processes for programme evaluation and annual reporting
- The extent of the engagement of the EE

Summary of notable practice

Resources

None identified

Admissions and Progression

Service users spoke very highly of their involvement with the interview process and it was evident that their involvement had been both positive and valuable to the selection process. Service users ask their own questions during the interviews, ensuring that the service user feels valued as a part of the interview process. It provides the university with a good opportunity to gauge the applicant's communication skills and behaviours when addressing individuals with learning disabilities.

Practice Learning

There is a well-established service users and carers group who have contributed to the development and delivery of the curriculum. The teaching and research advisory

committee (TRAC), which is made up of men and women who have learning disabilities and their supporters, give advice on teaching and research that is about people with learning disabilities. This has had a positive impact on learning disabilities students' learning. It promotes a people first philosophy and assists students in their preparation for practice based learning. Service users provide feedback on student performance in practice using a standard document and this forms part of the evidence for the ongoing record of achievement of practice competence. This document was developed by TRAC and is used across all fields of nursing.

Fitness for Practice

None identified

Quality Assurance

None identified

Summary of feedback from groups involved in the review

Academic team

All members of academic staff are passionate about the programmes which they deliver. They are determined to provide their students with the skills and knowledge they require to become confident and articulate nurses. They strive to continually develop their teaching strategies in order to achieve this. Learning is seen as a collaborative partnership between the student, the academic and the mentors in practice and there is a sense of shared vision and values between these partners. The team works hard to create meaningful opportunities to engage service users, carers and practitioners in the learning experience of students and in inclusion in research projects.

Mentors/sign-off mentors/practice teachers and employers and education commissioners

Practice partners are extremely complimentary regarding the school's approach to teaching and learning. They are positive about the abilities of the students during and on completion of the programmes. Mentors are enthusiastic about their role and knowledgeable about the programmes. They ensure that students take advantage of all learning opportunities available. Mentors are dedicated to their role in the supervision and assessment of students in practice and take their responsibilities for developing students and protecting the public seriously. Employers recognise the value of students in clinical areas and promote the role of mentor very well.

Students

Students feel well supported by both academic and practice staff. They value the opportunities to develop their skills and knowledge and many take advantage of additional experiences which are supported by the staff. Pre-registration students told us the programme itself promotes the key values of nursing, including dignity, compassion and respect, and that these values are taken with them into the practice learning environments. Students clearly expressed that they are given feedback and

support to improve both academically and in practice placements and that they have good relationships with lecturers and mentors in order to do this.

Service users and carers

All the service users we met are confident about their role and their inclusion in the programme. They state that their opinions and ideas are valued and respected and they can see how these influence and sometimes lead programme developments. Users of learning disabilities services spoke extremely highly of their involvement with the university and the wide range of opportunities for engagement that they had experienced. TRAC members spoke very highly of the support provided by the academic team and of the emerging skills of the student nurses. TRAC had won an award for the support that they provided to the university student experience and this was highly valued and appreciated by the group.

Relevant issues from external quality assurance reports

Health Inspectorate Wales (HIW) identified concerns regarding standards of care in areas within the Abertawe Bro Morgannwg University Health Board (ABMUHB). The initial exception report was submitted to the NMC in June 2014 and the update provided in January 2015 (3).

USW continues to place student nurses for practice learning experiences in the ABMUHB. The majority of these placements are in Princess of Wales Hospital, Glanrhyd Hospital, and Maesteg Hospital.

The faculty is aware of a number of initiatives the health board are implementing and are working with the board to ensure that students are informed of the aspects relating to service improvement (3).

ABMUHB has introduced a number of measures post Andrews Report (2014) to improve client care. These include the introduction of a values and behaviour framework (3).

This year Princess of Wales Hospital has received over 2,400 positive reviews left by patients and relatives on the iWantGreatCare website - averaging a maximum five stars rating. Formal complaints about ABMUHB care between April 2014 and March 2015 were down by 240 compared with same period the year before, an 18 percent decrease (3).

To address the issues raised in the Andrews Report – Trusted to Care, the Health Board set up seven themed work streams: care standards, environment; learning, skills and knowledge, 24/7 services, medicines management; integrated quality and values and leadership (3).

This year, two unannounced visits by HIW to Princess of Wales Hospital resulted in positive reports with no significant issues found (3, 11).

Since the last exception report to the NMC, the faculty confirmed that no incidences have occurred whilst students were placed in ABMUHB that required concerns to be raised or a protection of vulnerable adults (POVA) investigation instigated (3).

The nature of the incidence within ABMUHB which subsequently resulted in the conviction of a small number of nursing staff was linked to record keeping and falsification of records. In addition, the Andrews Report specifically focussed on poor medicines management and issues relating to hydration (3).

The curriculum content in relation to record keeping and the specific areas of concern within the Andrews Report remain as detailed in the initial exception report to the NMC.

HIW have also visited a number of the areas which are used for placements for learning disabilities (LD) field students. Action plans are in place in Llanarth Court, Heatherwood Court and Rowan House (12-19).

With the exception of Rowan Court, these areas were visited during the monitoring event. Rowan Court was not visited, this was due to lack of time.

Follow up on recommendations from approval events within the last year

The pre-registration midwifery programme was approved in March 2015.

One recommendation: With regard to the neonatal examination (theory) module, clarify in the module specification the relationship between the theoretical and practical elements.

The university has addressed this. The relationship between the theory to practical elements has been agreed with the module manager, the lead midwife for education and with senior midwifery managers of the local health boards associated with the programme.

Specific issues to follow up from self-report

None identified

Findings against key risks

Key risk 1 – Resources

1.1 Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC

1.2 Inadequate resources available in practice settings to enable students to achieve learning outcomes

Risk indicator 1.1.1 - registrant teachers have experience / qualifications commensurate with role.

What we found before the event
The faculty supports the development of staff across each academic session which is reviewed on an annual basis. Staff identify their developmental and educational needs through the process of appraisal. The faculty personnel officer maintains an active record of all staff who have a professional qualification with the NMC, including those with registered teacher status, and verifies annual renewal of this status (1, 2).
What we found at the event
Pre-registration nursing - learning disability There are six members of teaching staff with a current registration in learning disability nursing. The programme leader and four team members have a teaching qualification recorded with the NMC and the sixth is currently working towards this. It is a university requirement for all newly employed staff to obtain a teaching qualification in their first year. A member of the learning disability team is also one of two professors in learning disability nursing. The head of school also holds a registration in learning disability nursing. We can confirm that this information is maintained and monitored, with revalidation information also included (23-25). Mentor preparation programme The mentor preparation programme is a non-accredited programme. It is delivered by PFs in the trusts that are overseen by a named member of academic staff as a programme manager (PM). The PM and all PFs hold a current registration and all have a teaching qualification recorded with the NMC (24, 107, 111). Professional development is encouraged and supported by the dean and the head of school. All staff are allocated to a research group with an expectation that they will contribute to the research process and publication of findings. The dean is also keen for staff to maintain their currency and relevance in practice, leading by example. These two activities are seen as an opportunity to strengthen the connections between theory and practice (26). Mechanisms are in place to support staff with the process of revalidation. These are led by an academic subject manager. An all Wales approach has been introduced enabling approved education institutions (AEIs) and practice partners to work together in implementing the process, with staff in the school specifically committed to supporting ABMUHB staff. Information sessions have been held in the school and monthly ‘drop in’ sessions are planned, to maintain the support and flow of information as the process rolls out. We met two members of staff who are preparing for revalidation and are very positive about the process and the support they are receiving. They also commented that the NMC template is very user friendly. Revalidation will be embedded in the annual appraisal process, promoting the process as an ongoing activity with evidence gathering taking place throughout the

three year cycle (27). Our findings conclude that there are sufficient resources to deliver the programme.
Risk indicator 1.2.1 - sufficient appropriately qualified mentors / sign-off mentors / practice teachers available to support numbers of students
What we found before the event
The mentor preparation programme is delivered in the three partner health boards by a team of PFs, four times per year. This can be increased if more mentors are required. Staff in the private sector are invited to attend, but separate programmes can be arranged if required (1, 3). Ward managers/team leaders are responsible for allocating mentors, ensuring that they have been updated and act with due regard. The process is monitored by the programme leaders (PL), PFs and LLs. It is monitored through student evaluation of practice placement and during the audit process. Learning disability students placed in non NHS settings can also be allocated an associate mentor, for example special education teachers (2, 3). If the number of available mentors or sign-off mentors is temporarily reduced in an area, the PFs and/or the practice learning environment manager (PLEM) informs either the placement staff, LL or associate head responsible for practice environment allocation and the number of students allocated to that area will be reduced if necessary (3). Student mentors are supported by an experienced mentor (4).
What we found at the event
Pre-registration nursing – learning disability We found that there are sufficient appropriately qualified nurse mentors, sign-off mentors and supervisors available to provide support and practice based assessment of skill and competence for all pre-registration learning disabilities students. This extends to all areas of the hub and spoke model of practice placements. All mentors act with due regard. Scrutiny of off duty demonstrates that at least 40 percent of a student's time is spent being supervised by a mentor. This was confirmed by the students we met. In the final placement year three students spend 40 percent of their time being supervised by a mentor and in addition at least one hour per week is spent as protected time with a sign-off mentor. Students record their time in practice in their practice assessment documentation which is checked by their mentor and personal tutor (66-67, 69-74, 78, 89-90, 93, 102-106, 110, 130-132). The practice placement areas visited were consistently able to demonstrate through their educational audits that they have adequate numbers of mentors and sign-off

mentors to facilitate practice learning for the capacity of students. Succession planning was considered when planning mentor capacity (91-92, 94-97).

Feedback from one nursing student indicated that too many students had been using a placement area; this was noted in the education audit and action was taken to change the shift pattern of students and ensure adequate learning opportunities for all students on the ward (92, 107).

Mentor preparation programme

The decision to propose a nurse or midwife to undertake the mentorship programme is decided during the annual personal development review and is based on both service need via the educational audit and the nurse or midwife's personal development plan. (130).

There was no-one undertaking the mentor preparation programme during our visit. We met mentors who had recently completed the programme, who confirm that they were supported by a qualified mentor. Their line manager and unit team ensure that time is allocated to enable completion of the five days of work based activity embedded within the programme. The activity and support is recorded by the mentorship student in their enabling activities workbook. Student mentors are given opportunities to shadow an experienced mentor in working with a pre-registration student in order to gain experience of the role and discuss assessment opportunities and decisions (73, 100, 102, 116, 119, 126).

We conclude that there are sufficient resources in the practice setting to support student learning and achievement on the programme.

Outcome: Standard met

Comments:

There are sufficient, appropriately qualified staff in the school and the practice areas to teach, support and assess the students. Annual appraisal systems are used within all areas to identify areas for staff development which meet both organisational and professional requirements.

Areas for future monitoring:

Review the numbers of mentors as commissioned student numbers increase.

Findings against key risks

Key risk 2 – Admissions & Progression

2.1 Inadequate safeguards are in place to prevent unsuitable students from entering and progressing to qualification

Risk indicator 2.1.1 - admission processes follow NMC requirements
What we found before the event
The university has a procedure in place to facilitate the admission and protection of students under 18 years of age (5). Staff undertake training in equality and diversity with additional update sessions for those involved in the recruitment of students (1). For all pre-registration nursing programmes the selection and admission criteria includes evidence of a good command of written and spoken English. International English language test score (IELTS) is required at level seven. Good health and good character checks are assessed during the selection and recruitment process (2). The interview process includes face to face interviews and is supported by practice partners (2). All students are required to confirm good health and good character with explicit details of this requirement provided in the programme documentation (2).
What we found at the event
Pre-registration nursing - learning disability Principles for the admission of pre-registration nursing students have been developed as an all Wales initiative. These include requirements for occupational health clearance, disclosure and barring service (DBS) checks, academic attainment and good character. Interview criteria are also included. There is clear guidance for referees and a proforma to complete to confirm good character. In the university, the admissions process is managed by the enquiries and admissions unit who initiate the DBS checking process and the good health and good character requirements. The faculty has a DBS panel to adjudicate on any issues raised during the checking process. Membership includes academic staff from the faculty, staff from partner health boards and employers. An all Wales admissions group meets biannually to plan, monitor and evaluate the implementation of the admissions process. The university provides appropriate pre-interview training for the panel members which includes equality and diversity training and elements of values-based recruitment in order to protect the public through the appropriate selection and training of student nurses (28-30, 36, 81-82, 88). All shortlisted applicants are required to attend for face to face interviews. Interviews are conducted by a lecturer who is accompanied by either a practice partner or a service user. The interviewers we met confirm that they have been prepared for the role, including equality and diversity training. Interview schedules confirm this arrangement. New interviewers are encouraged to shadow experienced interviewers as part of their preparation. A recent initiative to recruit more service users led to a

number of sixth form pupils from a local school taking advantage of the opportunity to shadow interviewers (31, 34-35).

Applicants are scored against prescribed criteria. Questions are very specific and a scoring system is also included (32).

The learning disability lecturers work with a group called the teaching, research and advisory committee (TRAC) to ensure that their service users are properly prepared and well supported. TRAC is formed of representatives from self-advocacy groups across South Wales. Interviewing students is a standing agenda item at their monthly meeting. An annual review of the interview process takes place which provides an opportunity to identify skills which need developing further, for example role plays to practice interview skills. During one of these reviews the TRAC group developed the current interview question schedule which has been adopted across all fields of the nursing programme and reflects a values based approach (33, 75-76).

Service users spoke very highly of their involvement with the interview process and it was evident that their involvement had been both positive and valuable to the selection process. TRAC group members are able to ask their own questions during the interviews, including questions such as “what’s your favourite colour? Mine’s lilac”. This ensures that the service user felt valued as a part of the interview process and the university had a good opportunity to gauge the applicant’s communication skills and behaviours when addressing individuals with learning disabilities (72, 76, 79).

Students demonstrate that they have been able to meet the criteria for competent and safe practice for progression through the programme. This is detailed and confirmed in each student’s individual ongoing record of the achievement of practice competence. This comes under close scrutiny from learning disabilities academic staff and nurse mentors (65).

Mentor preparation programme

Applicants for this programme are nominated by their manager at their first annual appraisal. They must have been qualified for at least one year and have completed their preceptorship. Employers complete all required evidence regarding good health, good character and current DBS status. All student mentors entering the programme have undergone face-to-face, values based recruitment processes as part of their initial employment with the health board. The PF allocated to that area then interviews the nurse to ensure that they understand the commitment that they are undertaking and complete the mentorship pledge. In order to become a student mentor the nurse or midwife is not required to formally apply to the university, rather this process is undertaken on an informal basis with the PFs. The PFs also ensure that the supervisor for the student mentor is active on the mentor register (35, 37, 86, 100, 107, 109, 111).

One of the work based learning activities on this programme is an opportunity to join pre-registration interview panels. One mentor explained how this supports achievement of the mentorship domains by developing skills in decision making, assessment and leadership (109, 111, 116).

Our findings conclude there are robust processes in place to ensure suitable individuals enter and progress on the programmes.

Risk indicator 2.1.2 - programme providers' procedures address issues of poor performance in both theory and practice
What we found before the event
Fitness to practise processes are in place and are communicated to students and practice providers (6, 7).
What we found at the event
Clear guidance is provided for university departments on making students aware of their programme requirements. Clear guidance for practice partners is also included with the process clearly described. The faculty advisory fitness to practise committee (FAFtPC) meets regularly to consider referrals and advise and support practice partners if they determine a student should not be in practice. The faculty fitness to practise committee (FFtPC) receives referrals from FAFtPC . Membership includes members from other faculties and a member from the student's profession. The university's fitness to practise committee has a membership which includes the dean from the student's faculty, a member of teaching staff from the student's faculty, a teacher from another faculty and an external member from the student's profession (38-41). Clear guidance is provided for students regarding their roles and responsibilities as a university student (42-47). From 2014 students have been required to maintain their 'live' status on the DBS register and are responsible for paying the annual fee. This is checked annually by the admissions staff. If a change in their status is declared, a new check is required (35). We found that all academic staff and practice mentors are aware of procedures to identify and address issues of poor performance by learning disabilities students in both academic and practice based settings (66-74, 101-107). Learning disabilities students report that they are well supported and can rely on the help of practice mentors, LLs and PFs if they are experiencing difficulties in interpreting and contextualising learning outcomes and benchmarks in the practice setting (75). We conclude there are comprehensive systems in place to monitor and address poor performance.
Risk indicator 2.1.3 - programme providers' procedures are implemented by practice placement providers in addressing issues of poor performance in practice

What we found before the event
Examples of fitness to practise procedures being implemented by practice partners are included in the annual self-assessment report (3).
What we found at the event
Practice partners are familiar with the fitness to practise process and make referrals to the school as necessary. Guidelines for them to suspend students are included in the documentation and there are examples of students being suspended for poor behaviour in practice. The FAFtPC has regular planned meetings and also calls ad hoc meetings as necessary. The frequency of meetings, approximately monthly, ensures that referrals are dealt with promptly. The group is chaired by an associate head of school (47). Investigations are thorough and clearly documented. Reasons for referral include forgery of mentor signatures, inappropriate behaviour in placements and using a swipe card for a friend. Outcomes include referral to FFtPC, discontinuation from the programme, suspension from the programme and written warnings (47-48). Students are supported through fitness to practise proceedings by their personal teacher and a student support officer who is employed by the school (49). Mentors are aware of the programme provider's policies and procedures for addressing poor performance in practice. They are confident and clear about how and when to gain support from LLs and PFs. PFs and LLs are highly visible in the placement areas, including private, voluntary and independent (PVI) placement providers. We heard from mentors that this enabled them to feel comfortable when raising concerns about a student, because they knew appropriate support would be provided both to themselves and the student. Mentors are positive about the all Wales practice assessment document. They report that it encourages regular review and feedback to students which aids gaining early and effective support for students failing to meet practice competencies (70-74, 100, 102, 104-105, 107, 109, 118). We found two examples in the 2015/16 academic session of learning disabilities students struggling to achieve learning outcomes in practice. We found that good communication between the practice mentor, the LL and PF results in extra support via the development and implementation of a student centred action plan. Learning objectives are formulated and appropriate learning opportunities provided to meet the objectives. This is then evaluated at a planned follow up meeting (69-70). Students evaluate mentor performance as part of the practice evaluation process. These are followed up by the PFs. Concerns regarding performance as a mentor may be highlighted through this process or through the raising concerns policy. The PFs are alerted of concerns raised by the LL or PL and follow up using the health boards' policies and procedures (108, 112, 115, 123-124). We conclude practice placement providers understand and implement processes to

address poor performance in students.
Risk indicator 2.1.4 - systems for the accreditation of prior learning and achievement are robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency
What we found before the event
Processes for APL are in place. Guidance is clear and applicants are informed of the process (2, 4).
What we found at the event
The APL process is well established in the school (50). Applications are considered by the admissions tutor alongside the programme leader and the field lead. There are clear criteria for mapping the evidence. The development of a certificate in higher education has provided a route of entry to the pre-registration nursing programme for health care support workers. The content of the certificate has been mapped against year one of the pre-registration nursing programme enabling APL criteria to be met. The examples seen demonstrated 30 admissions to the adult field, four to child, two to learning disability and five to mental health (33, 51). We found that the learning disabilities programme team have a good understanding of APL regulations, its application and restrictions. The learning disabilities programme team have a designated admissions tutor who monitors the use of APL on student entry to the programme (72). The university accepts 100 percent claims for APL on the mentorship programme in line with NMC requirements outlined within the standards for SLAiP. Guidance and one-to-one support to undertake this process is provided on behalf of the university by the practice facilitators (86, 88, 111). Our findings conclude there are robust procedures in place to accredit prior learning against NMC outcomes.
Outcome: Standard met
Comments: The school has rigorous procedures in place to ensure that students entering their programmes are suitable candidates to enter the profession and the NMC register. Practice partners and service users are an integral part of this process. Fitness to practise procedures are understood and implemented by academic staff and practice partners, with the emphasis on student support.

Areas for future monitoring:

None identified

Findings against key risks
Key risk 3 - Practice Learning **3.1 Inadequate governance of and in practice learning** **3.2 Programme providers fail to provide learning opportunities of suitable quality for students** **3.3 Assurance and confirmation of student achievement is unreliable or invalid**
Risk indicator 3.1.1 - evidence of effective partnerships between education and service providers at all levels, including partnerships with multiple education institutions who use the same practice placement locations
What we found before the event
Partnership working is well established with practice partners and other universities. This has been particularly useful in managing student access to practice placements. The school works collaboratively with both Cardiff and Swansea universities who share the placement areas, ensuring equitable allocation and maximising the utilisation of all areas (3). The involvement of the commissioners and the Welsh government, has led to the development and agreement of a set of all Wales 'principles for student placements'. The aim of these principles is to ensure all students have a range of practice learning experiences and these are used in a fair and equitable way. It also aims to support that every area, where healthcare is delivered, should accommodate students (3). The commissioners have also held partnership meetings involving both education and practice providers to work collaboratively in developing an all Wales service level agreement which is in final draft stages (3). The school has very close collaborative working relationships with the placement providers and this is enhanced by the joint appointment of seven PFs across three health boards. The contracts for the PFs are held by the health boards while their salaries are paid by the university (3). A number of regular meetings enhance the opportunities for partnership working (1, 3). If a practice learning environment is deemed unsuitable by either the faculty or the practice environment provider or by any other external intelligence means, then the students would be removed from the area, given appropriate support depending on

the reason for removal and re-placed into another suitable practice learning experience. Re-auditing of the practice learning environments from which students had been removed would be undertaken prior to any planned return of students (1).
What we found at the event
We found that partnership working is strong and energetic at all levels of the organisational structures. The dean acknowledges that relationships are long standing and well established while the commissioners and senior nurses from the health boards state that the partnership working is 'second to none'. The commissioners' confidence in the programmes delivered by USW is reflected in increased student numbers for September 2016. The commissions for the LD field have increased from 30 to 43. A comment that we heard repeated frequently is that 'being in Wales is different', referring to the stability of the workforce in both education and practice. Pride in their work is seen as a key driver for the success of the partnership working. We found in all placement providers that an agreement was in place to ensure the practice placement area meets the NMC requirements for practice learning (26, 53, 86, 88, 91-92, 94-97). Strategically, school staff engage regularly with their practice partners. For example the head of school meets at least four times a year with the director of nursing in each of the partner health boards and the deputy vice chancellor meets annually with the commissioners. Lecturers attend various meetings and committees in all of the health boards, for example the senior nurse meetings and the education and development forum meetings. Practice staff are highly visible in the school for example through a joint meeting four times a year chaired by the associate head of school responsible for practice learning environments. This is attended by all key educational and practice staff. PFs have an office in the school allocated specifically for their use (1, 3, 26, 33, 52-53). This level of partnership working enables the strategic leads for all AEIs and the health boards to share planning for service redesign and increasing capacity, ensuring that all areas are receiving students if they are deemed suitable by audit and ongoing evaluations. Work is continuing with the partner health boards and PFs to open up new areas for student placements. The associate head overseeing practice learning continues to work with the academic managers to identify opportunities for placement learning in the private sector. The increase in commissioned student numbers has increased the urgency of this work so a practice innovations officer (PIO) has been appointed by the school with a remit to identify and make first contact with new placement areas. A placement innovations group has been established which is chaired by an associate head of school and attended by the PFs. The LLs are also working closely with the PIO in the inspection of potential new areas, and the auditing and preparation if they are suitable (1, 3, 26, 33, 53-54). In addition, a number of all Wales initiatives have increased the level of partnership working across the country. A pan Wales education audit tool is used by all AEIs and health boards across Wales, as is a pan Wales practice assessment document (PAD). The LLs are known within the practice areas and undertake the biennial

educational audits with the ward/department lead. The PFs are highly visible in practice and central to following up action points from audits. All education audits reviewed were in date (91-92, 94-97, 124, 125).

The majority of mentors are alumni of the USW and value their ongoing links with the university. Where concerns have been raised in practice learning environments there is evidence of appropriate action being undertaken to protect the public and maintain the quality of the student learning experience (92, 96). The PFs are well informed of external reviews being undertaken in their practice learning areas and action plans are in place and monitored following adverse clinical governance reports being issued in these areas to ensure that students are well supported and that public protection remains the highest priority (92, 96, 102-103, 109, 113, 118, 124-125).

The allocation of student placements is undertaken using the 'ARC intranet' placement allocation software package and is overseen by the associate head responsible for practice learning and the relevant PL. Practice areas are allocated students based on the information held in the audit document on the ARC system. As placement office staff do not have direct access to the mentor register they do not have current information. The PF and the LL work with the practice managers to resolve the issues and keep the placement office informed but this is not a streamlined process. The associate head of school is in the process of reviewing their allocations software, acknowledging that it will not be fit for purpose as student numbers increase and that a more comprehensive package will be required (3, 55-56).

The PFs have a strong presence within in the practice areas and also have Monday to Friday office hour cover for mentors or practice managers to contact them. This enables a speedy resolution to any immediate problems or any unexpected changes to the number of available mentors etc. Should this arise, the PFs are able to identify an alternate placement area and this is communicated immediately to the university and the placement team. The PFs have access within the health boards to the student's allocation programme via a secure electronic database (3, 55-56). The PFs meet regularly to discuss and develop practice learning and have strong working relationships with the LLs and associate head of school for practice learning. The PFs work closely with the placement leads in the placements office and respond rapidly to placement concerns related to capacity or quality of placement experience (107, 111).

PFs meet monthly with the academic manager who line manages them to discuss evaluations, mentorship and practice learning environments (35).

We found communication and collaboration between the USW, Cardiff University and Swansea University is strong. LLs, PFs and educational leads report that the all Wales approach to educational audit, PAD and principles of practice learning strengthen the partnership (111-113).

In practice we met with mental health nursing students from the universities of Swansea, Cardiff and USW working together with the learning disability students, and keen to support each other (114).

Pre-registration nursing – learning disability

We found that educational audits are complete and suitably detailed. Eight audit documents were inspected across the range of statutory, independent and voluntary sector placement providers. All were up to date and audits are within the stated two year time frame. Action plans resulting from audits are followed up and completed within the stated timeframe (78).

We found an example of when a concern was raised following an inspection by HIW at a learning disabilities service in which students were on placement. The students were removed from the placement area immediately and found suitable alternative placements. Students were only allowed back into this practice area when HIW reported that the service has responded to the concern, that the concern had been addressed and an educational re-audit had been carried out (73).

Mentor preparation programme

Mentors, sign-off mentors and student mentors are clear about the support available from the programme provider during placement and they speak warmly of the strong relationship between practice and the university. The majority of mentors are alumni of the USW and value their ongoing links with the university. This is evidenced in mentors' enthusiastic engagement in the annual mentor conference held by the university (102-103, 109, 113, 118).

We conclude there is strong and effective partnership working.

Risk indicator 3.2.1 - practitioners and service users and carers are involved in programme development and delivery

What we found before the event

Service users, carers and practice placement staff are actively involved in the delivery of the programme. This includes involvement in formal teaching activities, participation in simulated activities and using their experiences and 'stories' to enhance the students' knowledge and understanding (8).

The university has been commended for their commitment to involving users and carers in the development and delivery of the programme (2).

Practice partners are also keen to enhance the involvement of service users and carers. The health board is using the patient experience feedback software Snap 11 which is being used in all hospitals and which will be rolled out to mental health and learning disability services in the next few months, as well as testing the system in GP practices, care homes and community nursing services (3).

The pre-registration nursing programme has a 40 credit generic module each year which focusses on all client groups. In year two all students have specific study days focussing on the different client groups. For example, the students have a workshop for all nursing students for all fields of practice which is run by service users, carers and relatives. The workshop focusses on issues related to people with learning disabilities particularly when in receipt of healthcare. The workshop includes a talk by

the relatives of a person with learning disabilities who received poor care in secondary healthcare. This workshop evaluates very positively but had quite a profound effect on the students in terms of what can happen when the needs of service users and carers are not met (3).

Service user and carer involvement in the mentor preparation programme is not clear. When the programme was originally approved the programme team agreed to consider how this could be included in the learning resources and it was recommended that it may be appropriate to enlist the help of service users and carers (4).

What we found at the event

Pre-registration nursing – learning disability

We found that the involvement of service users and carers in the learning disabilities nursing programme is seen as crucial in enabling the development of professionals who are responsive to individual needs and the personalisation agenda. The service users we met are confident and articulate regarding their role in all aspects of the programme. Service users with learning disabilities are effectively engaged in teaching, including the delivery of the curriculum in areas such as citizenship and communication skills (76, 99).

There is a well-established service users and carers group who have contributed to the development and delivery of the curriculum, including student selection at the initial interview stage (see section 2.1.1). The TRAC committee, which is made up of men and women who have learning disabilities and their supporters, give advice on teaching and research about people with learning disabilities. This has had a positive impact on learning disabilities students' learning. It promotes a people first philosophy and assists students in their preparation for practice based learning. Service users provide feedback on student performance in practice using a standard document and this forms part of the evidence for the ongoing record of achievement of practice competence. This document was developed by TRAC and is used across all fields (72, 76-77).

We found that students are well prepared for their placements in secure environments and anxieties that they have are addressed in the classroom before embarking on the placement. Practitioners from forensic and secure environment services come into the university during student theory blocks to conduct preparation workshops before going into practice placements in these secure environments (73, 75).

The TRAC members expressed a list of personal qualities that they felt were essential for student nurses to have and when asked if they felt that the students at USW would make good nurses one member responded "most of them will. But, some of them will struggle; they don't know how to talk to me". A second member added, "he doesn't like it if they don't make eye contact and I don't like it if they don't laugh with me at things that are funny" (76).

Mentor preparation programme

We found that mentors and sign-off mentors value the service user voice in their assessment of students. They told us that this is discussed within the current mentorship programme and at annual update. The majority of mentors speak of gaining informal feedback from service users and carers, and are aware of the service user questionnaire (100, 105, 109, 118-119). Mentors and students are aware of the importance of introducing themselves to service users, acknowledging that service users may refuse care delivered by a student. A mentor was able to give a clear example of a service user who had requested not to be visited by a student. A student reported requesting not to work with a service user whom she knew from her school days. In both cases the service user's needs and wishes are seen as paramount (101, 104). Our findings conclude there is comprehensive involvement of service users and carers and practitioners in all aspects of the programme.
Risk indicator 3.2.2 - academic staff support students in practice placement settings
What we found before the event
Systems are in place to ensure that students are supported whilst in practice placement settings. The personal tutor, LLs, mentors, PFs, student support officer, advice centre staff, student services, disability services and placement staff are involved in the support network. Support can be accessed either in person or online (2-3). The role of the LL is clearly defined, with a requirement that an appropriate pattern of visits/contacts is agreed (9).
What we found at the event
We found that the provision of student support is a central component of the programme. Commissioners commented on the positive impact that this provision has had on attrition rates, which are now below the national average. The employment of a dedicated student support officer provides an additional layer of support for both students and staff (26, 33, 49, 53). The system of PFs and LLs operated by the university is well coordinated and the team work well together to ensure the consistent quality of practice learning (86, 88). The system effectively and efficiently ensures that there is a visible presence of academic staff and PFs in clinical areas and that all mentors and students from the university are provided with the same high level of support during their practice learning experiences (70-71, 73-74, 100, 102, 104-105, 107). Pre-registration nursing – learning disability

Students feel well supported in practice. All the students and mentors that we met were able to identify and name the LL. They are clear about how to contact LLs and personal tutors. Students report that lecturers respond promptly to emails and telephone messages. A student, who had transferred onto the nursing programme from a traditional undergraduate degree, was very positive about the level of support received. There is good understanding of the expected role of the LL (66-67, 69-75, 78, 83, 106, 110, 117). Mentorship preparation programme Mentors who have completed the current programme report that they received support from the PFs and LLs to complete the portfolio and to access the five days of work based activities (100, 116, 119). We conclude that students are well supported by academic staff in practice placements.
Risk indicator 3.3.1 - evidence that mentors, sign-off mentors and practice teachers are properly prepared for their role in assessing practice
What we found before the event
Mentors are supported in their role by the PFs, who also provide mentorship training and mentor updates. The LL is also involved in mentor updating. The identification of specific practice learning outcomes in different practice areas is discussed during these sessions. An annual mentorship conference is also used as an opportunity to update as well as being an opportunity to share best practice. The health boards also have intranet and internet pages with current news items, information and updates relating to mentorship and the student experience. Mentors are confident of the skills they develop in relation to supporting learning and assessment and they felt that they were able to fail students when it was appropriate. Mentors feel well supported in their role (1-4). The mentor preparation programme incorporates a route leading to sign-off mentor status for all midwifery mentors. The route is also available for nurses who require sign-off status and who will formally assess competency in the final practice assessment for student nurses. The programme places significant emphasis on the criteria for the sign- off mentor. Each mentor has an opportunity to use a mentor resource development profile where they record their mentorship activity from initial training and includes a section for annual update and triennial review and a record of sign-off development if applicable (2-4).
What we found at the event
Pre-registration nursing – learning disability We found that mentors meet the mentorship criteria consistent with NMC standards.

All are current with regard to updating and act with due regard. Mentors have a good relationship with the school and there is good communication between academic staff, practice mentors and PFs (66-67, 69-74, 78).

Nurse mentors and PFs have a good grasp of the legislative reforms and key changes to policy that will impact upon future roles, responsibilities and tasks of learning disabilities nursing (66-67, 69-74, 78).

New mentors who had recently undertaken the mentorship programme at USW recalled how they were given opportunities to shadow an experienced mentor as a part of their preparation for the role and that they had completed numerous structured learning activities to prepare them for mentorship during their programme (73, 100).

We found that mentors and sign-off mentors from the statutory, independent and voluntary sectors are well prepared for their role. There is a good understanding of the ways practice assessment criteria can be interpreted and contextualised and the regulations related to student progression (66-67, 69-74, 78).

Managers in practice placement areas are confident that mentors and sign-off mentors are consistent in upholding the standards required for safe practice (73, 100, 107). Students confirmed that mentors provide clear feedback regarding areas that they need to improve upon before a learning outcome is achieved and that their mentors do not sign-off any element until they are confidently able to demonstrate the skill or competence in practice (70-71, 73-74).

Students described how feedback from spoke placements is communicated to the hub mentor by the use of a short placement feedback form, and that they were also given opportunities for inter-professional learning through the hub and spoke placement system (70-71, 73-74).

Students report being well supported by their mentors. All mentors are able to give good examples of the support and guidance they give to students as well as the judgements they make on competence and fitness to practise. Mentors have good understanding of fitness to practise policy and regulations. Mentors are enthusiastic and have good understanding of their role in preparing students for registered status, including being able to provide rationale for supporting students from other fields of practice (66-67, 69, 70-74, 78).

Mentorship preparation programme

The mentorship programme is taught in practice by the PFs. They have developed two workbooks to support understanding facilitating learning and assessment in practice and to support five days of work based learning. Mentors who have completed the programme are positive about the mode of delivery, the support they received and how well prepared for practice they feel (100, 116, 118, 126).

To achieve sign-off mentor status, mentors describe a clear process of study days and then support with a final placement student. The PFs organise and oversee sign-off development. Activity is recorded in a mentor development record. This record may also be used to support reflection on mentoring and acts as a record for triennial review. (109).

We are assured mentors and sign-off mentors are properly prepared for their role.

Risk indicator 3.3.2 - mentors, sign-off mentors and practice teachers are able to attend annual updates sufficient to meet requirements for triennial review and understand the process they have engaged with
What we found before the event
Mentors have access to continuing professional development. Annual updates and a mentor conference support the mentor's role. Triennial review is fully implemented and provides a mechanism for mentors to develop their mentorship role. (4)
What we found at the event
We found that ward managers, educational leads and mentors have a clear understanding of the need for annual mentorship updates (57-58, 104-105, 107-109, 118). Annual updates are conducted by the PFs as either a set session or a bespoke group meeting in practice. The PFs and mentors value the opportunity to discuss mentoring and the challenges of assessing a student in practice. A sign-off mentor reported that 'you feel inspired after an update' (58, 107, 111, 118, 128). All mentors, sign-off mentors and managers we met during the practice placement visits clearly stated that they were able to meet their requirements for annual updating in line with NMC standards (70-71, 73-74, 100, 102, 104-105, 107). Triennial review is embedded within the personal development review and recorded on the mentor database by the PFs. Mentor and sign-off mentor compliance with triennial review is discussed at annual updates and during educational audits. A proforma has been developed to support the recording of mentor activity and updates to support triennial review (57-58, 107, 111). Mentors from the independent sector have equal access to mentor preparation and updating when compared to those working in the statutory sector (66-67, 69-74, 78). Our findings conclude that mentors/sign-off mentors are supported to attend annual updates to meet the requirements for triennial review.
Risk indicator 3.3.3 - records of mentors / practice teachers are accurate and up to date
What we found before the event
The practice placement providers maintain a mentor register database which provides details of staff that have completed the mentorship preparation programme and are compliant with annual updates and triennial review. One of the health boards uses a traffic light system and automatically moves anyone who goes RED, by failing to

update or provide evidence of triennial review before the due date into the removed section. The divisional lead nurse, senior nurse and clinical manager are updated weekly on staff who are in this category and informed that they must not support a student until they have demonstrated compliance to the NMC SLAiP Standards. The list of compliant mentors is sent to them on a monthly basis (1-3).

The strategic process of mentorship is overseen by the academic manager responsible for the PFs. Compliance with the SLAiP standards and currency of the mentor databases are confirmed at the monthly meetings held with these staff (3).

The availability of mentors, sign-off mentors and practice teachers is confirmed as part of the audit process and monitored by use of the all Wales evaluation of practice learning environments tool (3).

If for any reason the number of available mentors, sign-off mentors or practice teachers temporarily reduced in a particular area, the PFs and/or the PLEM informs either the placement staff, LL or the associate head of school responsible for practice environment allocation, and the number of students allocated to that area would be reduced if necessary (3).

What we found at the event

We found that the PFs are responsible for the maintenance of the mentor register database within the health boards. They are supported by their line manager in the placement provider area and by the associate head with responsibility for practice learning in the university. The databases follow a slightly different format in each area. However, the information recorded is consistent. The databases include details of the mentor's preparation programme, date of their last update and date for triennial review (66-67, 69-74, 78, 98, 107, 111, 120-121).

We were able to randomly sample mentor/student activity from the ward/department off duty and from the students' PAD. The information sampled was accurate with the mentor database (120-121, 131-132).

The university holds a register for the PVI sector, which is updated by the LLs with information from the PFs, link mentors and service managers (73-74, 88).

We conclude mentor records are accurate and up to date.

Outcome: Standard met

Comments:

Partnership working is evident and strong in all elements of programme delivery for both programmes that we monitored. Mentors are enthusiastic about their role, valuing the opportunity to become a mentor.

Areas for future monitoring:

None identified

Findings against key risks
Key risk 4 - Fitness for Practice **4.1 Approved programmes fail to address all required learning outcomes in accordance with NMC standards** **4.2 Audited practice placements fail to address all required practice learning outcomes in accordance with NMC standards**
Risk indicator 4.1.1 – documentary evidence to support students' achievement of all NMC learning outcomes, competencies and proficiencies at progression points and or entry to the register and for all programmes that the NMC sets standards for
What we found before the event
Pre-registration nursing – learning disability Shared learning is a key feature of the pre-registration nursing programme. Examples of this include issues of disability and transitions in care which are studied together by child field and learning disability field students. Mental health students learn about biopsychosocial aspects of care with learning disability students. Students from all fields come together to undertake learning in the safeguarding of vulnerable groups. The students undertake learning units and the unit relating to safeguarding contains a specific section on inter-professional safeguarding (3). Inter-professional learning is also embedded throughout generic modules in each year of the pre-registration nursing programme. Students from all fields of practice work together in both classroom and clinical skills/simulation based environments (3). NMC competencies are mapped against the programme outcomes and the module specifications provide evidence of how module delivery provides a learning disabilities context both for theory and practice. The generic and field competencies are mapped within the theory and practice "all Wales" reference documents. The integration of competencies with the essential skills clusters (ESCs) and module outcomes, including the process through which students will provide evidence of achievement of these, is clearly articulated (2). Mentor preparation programme Distance learning materials and enabling activities are a feature of the mentor preparation programme (4).
What we found at the event
Pre-registration nursing - learning disability

We found that students are enthusiastic and positive about the programme they are undertaking. They report that they are well prepared for their practice placement experiences and that the theoretical part of the pre-registration programme reflects contemporary learning disabilities health and social care practice. They understand the rationale for the provision of experiences outside of the learning disabilities field and recognise the transferability and relevance to their own field of learning disabilities (72, 75).

We found that through engagement with the clinical simulation environment the students are better prepared for meeting the holistic care needs of people with learning disabilities. The activities provide insights into the service user journey when they engaging in mainstream clinical services aimed providing physical care. Students are also well prepared for their adult field alternative placement through engagement with the clinical simulation centre (72, 75).

Teaching staff are creative in their approach, looking to create a dynamic learning environment. For example, additional funding has been obtained which will be used to develop a community area in the simulation suite which will be used by all students. Another development is the hydrominerva suite, a computerised system which relays scenarios and can change outcomes depending on the decisions made by the students. It is anticipated that these developments will provide an opportunity to further develop inter-professional working (3, 26, 33).

Students are able to link theory to practice which is enhanced by the teaching role adopted by service users during their delivery of the programme in classroom settings. There is effective use of case study and problem solving scenario work that further helps students to establish theory and practice links. Learning disabilities students are well prepared for their studies in other fields of nursing (child, mental health and adult) and are able to understand the relevance to their own field of learning disabilities (72, 75).

TRAC members enjoy participating in the assessment of learning disability student nurses in the clinical simulation suites, including wearing ‘Google glasses’ that video records their perspective. Students are later able to review the video to promote reflection on the client experience (72, 76, 87).

There are a variety of assessments used to test the students’ skills and knowledge throughout the programmes, including controlled conditions exams and objective structured clinical examinations (OSCEs). Students with a disability are supported with reasonable adjustments that offer them alternative and supported assessment opportunities. The uses of formative assessments help students develop skills on modules (2).

Mentor preparation programme

The materials developed and used by the PFs in the two taught days of the programme, are clear and explanatory. The workbooks which support the students’ learning are also clear and easy to use and were commended at the approval event. These resources are used by PFs in all three health boards (4, 126).

Students undertaking the mentorship programme are complimentary about the support received from the PFs and their practice area during the programme (100,

109, 116, 119).

The students are able to describe the process of completing the programme, for example submitting and discussing their mentor workbooks. They describe receiving a certificate for completing the programme and entry onto the mentor register database (111, 116, 119).

PFs inform the PM of the successful completion of the programme, but this is an informal process.

There was no evidence of marking criteria, formal moderation of marking or external scrutiny. The USW was unable to produce documentary evidence of their process for confirming achievement of the mentorship programme (59-61). This is a significant weakness and does not meet the NMC standard and therefore action is required.

Risk indicator 4.2.1 – documentary evidence to support students' achievement of all NMC practice learning outcomes, competencies and proficiencies at progression points and upon entry to the register and for all programmes that the NMC sets standards for

What we found before the event

Pre-registration nursing - learning disability

All students on the pre-registration nursing programme work with a range of health and social care professionals whilst undertaking practice learning opportunities. For example the LD students have a substantive practice learning experience with the community support teams which involve multi-professional and multi-agency working. They also have experiences in special schools working alongside educational staff, special education teachers and special education support workers (3).

The all Wales practice assessment strategy for pre-registration nursing programmes leading to the award of Bachelor of Nursing (Hons) prescribes the process by which student performance is measured against generic and field standards for competence (2-3).

The students have discussions with their personal tutor prior to undertaking practice learning experiences to identify which practice learning outcomes may be achievable in specific placement areas (3).

All students experience a range of practice learning experiences which provide opportunities to achieve the specific practice learning outcomes (2,3).

Each student has an actual practice learning experience with all client groups which evaluates well. Learning disability students have a placement in an accident and emergency department which also provides an opportunity for practice staff to develop new skills to work with this client group (3).

In year two, all students experience a simulated clinical workshop in which they are required to manage a group of clients in a secondary healthcare setting. One of the clients has a learning disability and has been admitted for a chest infection. The

students are required to assess the client's inhaler technique and provide appropriate education. The session takes place in the simulation suite and the client is, in the role of an actor, an actual service user with a learning disability (3).

The students also have a simulated normal birth scenario using a medium fidelity human patient simulator which can simulate normal and abnormal labour. The learning disability field of practice students in September 2012 cohort commented very positively about this as they acknowledged they can have a situation whereby a client goes into labour and had not been aware that they were expecting a baby (3).

The personal tutor is also required to monitor and confirm the student is of good character during and on completion of the professional course and seek advice and refer any student who raises concern in relation to good health or good character to the appropriate programme leader and/or the associate head of school responsible for student experience (20).

Mentor preparation programme

An enabling activities learning resource book is provided for student mentors to negotiate with their supervising mentor for the five days that are classified as unprotected learning and which are facilitated by the student working with an experienced mentor. The mentor's supervisor or manager will ensure that five days of protected mentor programme time will be available to the student mentor to achieve the requirements of the programme. Interviews with mentor students confirmed that these arrangements are put in place and that they are able to have the protected learning days (4).

Assessment of practice documentation has been developed, which confirms that the mentor students have achieved the learning outcomes and evidences that the student has undertaken the specified time requirements (4).

Mentors report that they are able to have allocated learning time for mentor activity and that five days protected learning is provided for student mentors (4).

What we found at the event

Pre-registration nursing – learning disability

Commissioners are highly satisfied with the skills and competence of students completing the programme, and confirm that they are keen for the newly qualified nurses to remain in Wales. Practice partners are actively recruiting from the cohort due to complete in September 2016, with 98 percent of the cohort having been offered a substantive post (26, 33, 74, 107).

A number of students have been nominated for national awards, recognising their additional skills and qualities. For example, one learning disability student was runner up in the Royal College of Nursing (RCN) in Wales 'nurse of the year' awards. Two students have been nominated for a 'rising star' award (33, 62).

We found that the practice environment provides adequate learning opportunities for learning disabilities nursing students to achieve learning outcomes detailed in the

assessment of the clinical practice document. All students have experiences with service users across the life span, engaging with children, adults and older adults (65-67, 69-75, 77-78).

Students and their mentors identify and negotiate additional learning opportunities and this forms part of the hub and spoke model of practice placement. Generic and field specific practice learning outcomes are understood by mentors and are able to relate these to the student experience. Excellent channels of communication influence and support hub and spoke placements. There is good communication between hub practice mentors and spoke supervisors regarding student performance and any issues of concern (66- 67, 69-74, 78).

Year three students have opportunities to demonstrate their competence in leadership and management by carrying a small caseload under supervision from an appropriately qualified mentor. They take a leading role in multi-disciplinary meetings and care programme approach meetings. Students receive supportive and directional feedback from mentors following these experiences (65, 75, 77).

Year three students also engage in supervised lone working. Lone working is risk assessed and the lone working policy is strictly adhered to (66-67, 75).

Students have opportunities to work with professionals other than nurses. There are reports and testimonials from supervisors outside of the nursing field and these are used by students to add to their evidence of competence in practice (65, 75, 77).

Students are also encouraged to be involved in external activities which will enhance their learning. For example, in 2015, nine students took part in the Cavell Trust charity event. Part of the learning process was fundraising to fund themselves. Other travellers in the group gave positive feedback regarding their caring attitude. The head of school is keen to develop a directory of additional opportunities (26).

The achievement of the specific practice learning outcomes is documented in the student's ongoing record of achievement of practice competence, which also details the students' professional performance and progress during practice learning experiences (3).

We found that mentors and students are positive about the all Wales PAD and report that it supports documentation of students' learning in practice. An experienced sign-off mentor reported that they could see a difference in pre–registration students with the current NMC standards. They also noted students are better prepared for practice, know what they wish to achieve in practice, research a placement area and are keen to visit and discuss the placement before the placement start date (118).

The personal tutor must ensure the student has met all of the NMC requirements for entry to that part of the register and in particular the completion of practice elements and achievement of competencies/practice outcomes. This will also include the completion of a specific number of hours in theory and in practice (20).

Mentor preparation programme

We found that the mentorship programme includes five days of work based learning and two study days with three further days to complete the mentorship workbook. The programme is completed within three months. Mentors who have undertaken this

programme feel supported in carrying out the work based activities and record their learning in an enabling activities workbook (107, 111, 116, 119, 126, 133).

The mentorship programme is taught and overseen by the PFs who provide certificates of completion for the participants who submit their portfolio.

The PFs are unable to describe or give documentary evidence regarding moderation or verification by the USW of students' assessed work (59, 107, 111). This is a significant weakness in the system, which requires action in order to meet the standard required.

Outcome: Standard not met

Comments:

Pre-registration nursing – learning disability

The university and their practice partners provide a range of learning opportunities for the students. Teaching methods are creative and dynamic, and students are encouraged to engage in a range of activities. On completion of the programme they are competent and confident in their skills. The health boards are keen to employ them.

Mentor preparation programme

The teaching materials used to support this programme demonstrate that NMC standards for the programme are met. Feedback regarding the quality of the mentors was consistently positive. However, the university needs to address their processes for assuring the rigour of moderation and verification of achievement of programme learning outcomes leading to mentor/sign-off mentor status recognised by the NMC.

28 September 2016: Follow up Documentary Evidence from the University of South Wales. Standard now met

A review of the evidence to support completion of the AEI action plan was completed on 28 September 2016.

The PM meets with the PFs monthly. The meetings are now minuted, with the progress of students on the mentor preparation programme a standing agenda item. The standardisation of marking and moderating procedures has been agreed. Completion of the programme is confirmed by the PM and the chair of the award board.

Evidence to support the standard is met includes:

- USW, monitoring review action plan update, 30 June 2016
- USW, school of care sciences, mentor preparation programme, evidence of completion, 01 July 2016
- USW, faculty of life science and education, notes of PF group meeting with PM, 15 April 2016, 20 May 2016, 25 July 2016
- USW, faculty of life science and education, PEQAC meeting minutes, 29 April 2016, 10 June 2016, 15 July 2016

Areas for future monitoring:

Review the marking and moderation processes by the PFs in the health boards.

Review the moderation and verification processes within the university.

Findings against key risks

Key risk 5 - Quality Assurance

5.1 Programme providers' internal QA systems fail to provide assurance against NMC standards

Risk indicator 5.1.1 - student feedback and evaluation / programme evaluation and improvement systems address weakness and enhance delivery

What we found before the event

Following completion of the practice learning experiences (PLEs), evaluation sessions are timetabled and the students are allocated sessions in relation to the health board or area in which they have just had the PLE. The actual session lasts an hour and is facilitated by PFs for the health board/area. PFs undertake both a verbal evaluation of the experience and the students also complete the all Wales evaluation of PLE form (3).

The quality of pre-registration nursing programmes is also monitored via the national student survey, the results of which are consistently positive indicating high levels of student support and the quality of the student experience. Action plans are used to secure improvements in any necessary areas (3).

Programme leaders submit an annual course board report and action plan to which practice partners also contribute. They are expected to attend the collaborative partner course board (21).

EEs are appointed to each programme. They are engaged in assessing the theoretical element of the programme in accordance with university regulations. They are invited to attend an annual EE event when they meet with students, mentors and practice facilitators. They are also invited to attend any presentations or OSCEs which are summatively assessed and to examine the assessment of students practice documentation. The EEs are involved in the conferment of progression and completion of the programme (1).

Pre-registration nursing - learning disability

Boards of examiners receive results from all theory and practice modules. This is clearly articulated within the theory, practice assessment and student documentation (2).

EEs are appointed to fields of practice and meet with students and visit practice areas (2). Mentor preparation programme The faculty have confirmed that an appropriate EE has been appointed for the programme provision (4).
What we found at the event
Pre-registration nursing – learning disability We found that students rate the quality of their programme highly. They engage with the evaluation of both theory and practice, confirming the process described above (75). We found that learning disabilities nursing students engage with the all Wales practice learning experience evaluation tool, find it useful for purposes of feedback and provides good structure to the feedback and reporting system. Evaluations are completed in hard copy. They are reviewed by the PFs and any concerns are referred to the programme leader/associate head of school with the lead for PLEs, LL, senior nurse for education in the health board and PLE as appropriate. The level of action and cascading of information depends on the nature of the issue/concern. Decisions for reporting are made by the PL/associate head of school with the lead for PLEs (3, 63, 72, 80, 122-123). Post practice placement forums also take place, when learning disabilities nursing students return to the university, in order to discuss and feedback on their learning experiences in practice settings (75). Mentors confirm that they receive feedback from the learning disabilities programme team following evaluation by students of their practice based experiences. This takes place via the PF and LL (66-67, 69-71, 73-74). Learning disabilities nursing students confirm that they engage in module evaluations and newly qualified practitioners report that they engage with the student end of programme evaluation at the end of their programme (80). There are examples given of changes made to the programme and modules following evaluation (72, 75). Student progression and completion is determined at the progression and completion award boards. The student must have met all academic and clinical requirements as detailed in the university progression regulations and the ongoing record of the achievement of practice competence, which confirms achievement of the practice learning outcomes related to the field and generic competencies. The final confirmation is made at the award board and the course tutor, in collaboration with the field leaders and module managers, confirms each individual student to the chair of the board (8). Students are encouraged to nominate practice areas for good practice and support,

with awards being presented at the annual mentor conference. Practice areas value these awards and display them prominently in their areas (33, 66-67, 69-75).

Module evaluations are also completed in a timetabled session. Module leaders submit a module review form to the course board. This is informed by their practice partners. The review includes the subject external examiner's report, student feedback (module evaluation forms), employer feedback, if relevant, student evaluation of practice learning and end of programme evaluation (21, 64).

A programme evaluation is also completed. These demonstrate a high level of satisfaction with the programme (84).

All pre-registration nursing students demonstrate a high level of satisfaction with the programme. In the National Student Survey (NSS) 2015, overall satisfaction was rated 100 percent for learning disability. Whilst proud of these results the programme team also acknowledge that they need to maintain their momentum and their standards (33, 85, 86).

An EE is appointed to the programme. They meet all NMC requirements regarding due regard and teaching qualifications (24, 134).

The EE is supportive of the assessment strategy for the programme, confirms that marking is consistent with other LD programmes, scrutinises the written work and the PADs (135).

The EE attends the university on a regular basis, observing role play over two days in the simulation suite and attending the award boards where they take the opportunity to meet with students. They also attend the annual mentor conference which provides opportunities to meet with both mentors and students (72).

Mentor preparation programme

Quality assurance of this programme is managed by the PFs in the trusts. Each PF conducts a written evaluation session which is discussed with the PFs from the other health boards. Monthly meetings are held with the PM in the school where these are also discussed. There are no formal minutes of these meetings (35, 59).

We discussed the limitations of this approach with the PFs and the PM. They agree that the process lacks the rigor and transparency required of a NMC approved programme (35, 59). This significant weakness in risk control requires action to meet the NMC standards.

A condition of the programme approval was the appointment of an EE. This condition is documented as met (4).

A NMC register check confirmed the currency of the appointed EE's professional registration but raised doubts regarding the recorded teacher status. Scrutiny of the CV demonstrated that the teaching qualification held is not approved by NMC (24, 29) and therefore this requirement is not met and action is required to meet the standard (24, 127).

Scrutiny of the EE's annual report demonstrates inclusion of the module code number for the mentor preparation programme. However, this non-accredited programme is not identified specifically within the report. The EE for this programme also scrutinises

a number of other modules. The PL needs to ensure that commentary specifically related to the mentor preparation programme is included in the annual report (68). The PFs explained that they mark and internally moderate the mentor portfolios within the health boards. They maintain their own mark sheets for students completing each programme. They have informal discussions regarding the portfolios across the health boards. The PM is given anecdotal feedback at their monthly meetings. There is no evidence that mentor portfolios are externally moderated. The PFs, and PM agree that that the marking and moderation process does not meet the standards required for an NMC approved programme and action is required (35, 59). The associate head of school agreed that an action plan will be developed and implemented to address this risk and meet the standards required by the NMC.
Risk indicator 5.1.2 - concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners
What we found before the event
The faculty has a 'student concerns toolkit', which is discussed with all students prior to their first practice learning experience and is available via the student Blackboard virtual learning environment portal. This document incorporates the NMC (2010) raising and escalating concerns: guidance for nurses and midwives (revised 2015). The students have sessions on 'What to do if you witness poor practice', the Code, accountability and advocacy. The school ensures every nursing student has a copy of the Code: Professional standards of practice and behaviour for nurses and midwives (NMC 2015). These are discussed during the induction period of the programme and reiterated in detail as the programme progresses across a range of modules (3, 22). All students undertake a specific learning unit on safeguarding of children and another on safeguarding of vulnerable adults and the faculty has signed-up to the 'speak out safely campaign' by the RCN (3).
What we found at the event
Pre-registration nursing – learning disability Students are aware of the support mechanisms in place if they instigate a concern or complaint. Their personal teacher, the PF and the student support officer are available to support them in this process. They also have the email contact for the associate head of care sciences responsible to oversee practice learning experiences. One of these key individuals will respond to the student within one working day but often an immediate response can be made (3, 49). We found that learning disabilities nursing students, mentors and PFs have a good knowledge and understanding of the policy and mechanism for raising and escalating concerns in the practice setting (65-67, 69-71, 73-75).

Learning disabilities nursing students report that the 'raising concerns toolkit' provides a good model for guidance (75, 136).

One learning disabilities nursing student gave a good account of their experiences of raising a concern in practice. They told us they were well supported by their mentor, LL and PF, and that appropriate action was taken consistent with policy (69).

Raising concerns is addressed during each of the theoretical parts of the programme before going into practice placements (75).

Mentor preparation programme.

Student mentors adhere to the processes in place in their employing health board.

Outcome: Standard not met

Comments:

Pre-registration nursing – learning disability

The university's policies and procedures are applied to this programme to ensure that the programme meets the required academic and professional standards. Students are highly satisfied with the programme. The programme team address concerns raised as and when necessary.

Mentor preparation programme

The PFs manage the programme adequately within the health boards. The school needs to ensure that the programme is subject to the university's quality assurance processes and meets the NMC standards and requirements as part of this process, specifically in relation to the following: verification process of EE professional requirements, marking, moderation and external scrutiny of assessed work, programme and EE reports.

28 September 2016: Follow up Documentary Evidence from the University of South Wales. Standard now met

A review of the evidence to support completion of the AEI action plan was completed on 28 September 2016.

A new EE has been appointed to the programme. The EE has visited the school and met with the PM. The module report demonstrates the EE's satisfaction with the marking and moderation processes now in place meet NMC requirements. The results are formally presented to the progress and achievement board.

Evidence to support the standard is met includes:

- USW, school of care sciences, school programme and achievement board, undated
- USW, school of care sciences, external examiner assessment report form, 01 July 2016

Areas for future monitoring:

Mentor preparation programme:

- Review the processes in place for programme evaluation and annual reporting.
- Review the extent of the engagement of the external examiner in the programme including the annual reporting.

Evidence / Reference Source

1. AEI requirements, updated November 2015

2. Pre-registration nursing, learning disability, approval report, 2012

3. Self-assessment report, 2015-16

4. Mentor preparation programme, approval report, 2013

5. University of Prifysgol, Glamorgan, Cardiff, Pontypridd, Caerddydc, children's and young people's procedure, November 2012

6. University of South Wales, Prifysgol De Cymru, policy and procedure governing fitness to practise 2015-16

7. University of South Wales, Prifysgol De Cymru, raising concerns, a reflective toolkit for students and those supporting them, PowerPoint presentation

8. University of South Wales, Faculty of Health, Sport and Science, bachelor of nursing (hons) (adult, child health, learning disabilities and mental health fields of practice), Department of Care Sciences, definitive document, March 2012

9. School of Care Sciences roles and responsibilities of the link lecturer, 2015

10. Initial visit meeting, 25 February 2016

11. HIW, inspection report, Princess of Wales Hospital, 17-18 February 2015

12. HIW management letter, Llanarth Court, June 2014

13. HIW action plan, Llanarth Court, June 2014

14. HIW improvement plan, Llanarth Court, 11-15 May 2015

15. HIW inspection report, Llanarth Court, 11-15 May 2015

16. HIW inspection report, Rowan House, 13 July 2015

17. HIW inspection report, Heatherwood Court, 2-4 June 2015

18. HIW action plan, Heatherwood Court, July 2014

19. HIW management letter, Heatherwood Court, July 2014

20. The role of the personal tutor, June 2015

21. Procedures for annual monitoring, 2013

22. Raising concerns toolkit, PowerPoint presentation, undated

23. Spreadsheet showing NMC registration and teacher status, undated

24. NMC register check, 8th March 2016

25. USW Faculty of life sciences and education, new staff induction booklet, revised February 2015

26. Meeting with dean, deputy vice chancellor and head of school, 08 March 2016

27. Meeting with academic subject manager, community academic manager, senior lecturer, clinical skills nurse trainer, 08 March 2016

28. USW admissions policy January 2015

29. CV, external examiner, mentor preparation programme, viewed 10 March 2016

30. All Wales admissions tutors group terms of reference, undated

31. Selection process / interviews, undated

32. Pre-registration interview sheet, undated

33. Initial meeting with associate head of school, head of school, learning disability lecturers x 2, mentor preparation programme manager, 08 March 2016

34. Schedule of interviews, 30 January, 20 February, 05 March 2016

35. Meeting with academic manager for admissions/programme manager for mentor preparation programme, 08 March 2016

36. USW faculty of life sciences and education, policy and procedures in respect of disclosure of criminal records for applicants to, and students on, courses involving access to vulnerable members of the community and any other course leading to registration with an approved body, undated

37. Good health and good character, mentor preparation programme, undated

38. USW fitness to practise regulations, 2015-16

39. USW, fitness to study regulations, 2015-16

40. USW, academic misconduct regulations, 2015-16

41. USW, academic appeals regulations, 2015-16

42. USW, student conduct regulations, 2015-16

43. USW student charter, undated

44. Roles and responsibilities of students and the university, undated

45. USW students complaints regulations, 2015-16

46. USW, extenuating circumstances regulations 2015-16

47. USW, faculty of life sciences and education, fitness to practise advisory committee minutes, January 2015, May 2015, September 2015, December 2015

48. Fitness to practise investigation notes x 2 cases, 2015

49. Meeting with student support officer, 09 March 2016

50. USW, School of care sciences, APL for advanced standing /exemptions for part(s) of the Bachelor of Nursing (Hons) programme, undated

51. APL examples, 2015

52. Partner practice learning environment providers and Higher Education Statistics Agency (HESA) pre-registration nursing and midwifery management meeting, 19 June 2014, 13 October 2015

53. Meeting with lead nurse learning disabilities Aneurin Bevan University Health Board (ABUHB), Workforce and development manager, Powys teaching health board, senior nurse manager, Powys teaching health board, head of nursing learning disability service, LD/mental health delivery unit, Abertawe Bro Morgannwg University Health Board (ABMUHB), Acting head of clinical education, ABMUHB, Education, 09 March 2015 and contracting

manager, the workforce education and development service (WEDS), director WEDS, assistant director quality improvement (QI) and clinical governance, Cwm Taf University Health Board (CTUHB), head of workforce education and research, ABMUHB

54. Meeting practice innovations officer, 09 March 2016

55. Meeting with associate head of school, 09 March 2016

56. Visit to placements office, 09 March 2016

57. NHS Wales mentor portfolio, supporting learning and assessment in practice, undated

58. USW, pre-registration nursing and midwifery mentorship: Inspiring connections between theory and practice, mentor portfolio, undated

59. Meeting with practice facilitators, 10 March 2016

60. Meeting with programme manager, mentor preparation programme, 09 March 2016

61. Meeting with associate head of school, 10 March 2016

62. RCN in Wales, Nurse of the year awards, 2015

63. Bachelor of nursing, learning disability, practice learning evaluations x 10, September 2012 cohort

64. USW, annual monitoring course report, Bachelor of Nursing, 2014-15

65. Ongoing record of achievement of practice competence, Bachelor of Nursing Honours degree, learning disabilities field of practice, March 2012

66. Meeting with students, mentors and practice facilitator at community support team – Cardiff East, 08 March 2016

67. Meeting with students, mentors and practice facilitator at community support team – Cardiff West, 08 March 2016

68. USW, school of care sciences, award external examiner annual report, 2015-16

69. Meeting with students, mentors and practice facilitator at Llanfrechfa Grange assessment and treatment unit, 08 March 2016

70. Meeting with students, mentors and practice facilitator at Hafod Y Wennol, service for clients with challenging behaviour, 09 March 2016

71. Meeting with students, mentors and practice facilitator at Craig Y Parc special school, 09 March 2016

72. Meeting with the learning disabilities programme team, 09 March 2016

73. Meeting with students, mentors and practice facilitator at Heatherwood Court private sector medium secure unit, 09 March 2016

74. Meeting with students, mentors and practice facilitator at Osbern ward Llanarth Court private sector medium secure unit, 09 March 2016

75. Meeting with students, learning disabilities field, university of South Wales, 10 March 2016

76. Meeting with service users and advocates/supporters, University of South Wales, 10 March 2016

77. Bachelor of Nursing (Hons) (adult, child health, learning disabilities and mental health fields of practice) definitive document, March 2012

78. All Wales nursing and midwifery education initiative, educational audit, practice learning environment, 2012

79. Raising concerns: a reflective toolkit for students and those supporting them, 2015

80. All Wales practice learning experience evaluation tool, 2012

81. Faculty admissions policy, 2013

82. All Wales admission principles, 2013

83. Nursing student handbook, 2015-16

84. USW, Bachelor of Nursing programme evaluation, 2012 curriculum, September 2012 cohort x 9

85. NSS survey, 2015

86. USW, school of care sciences, NSS action plan, 2015-16

87. Tour of University of South Wales clinical simulation suite, 10 March 2016

88. University of South Wales welcome and overview presentation, 08 March 2016

89. Student information file, community drug and alcohol team, Ysbyty Cwm Cynon, undated

90. Student information file, Osbern ward Llanarth Court, private sector medium secure unit, accessed 09 March 2016

91. Educational audit document; Hafod Y Wennol, ABM UHB, dated 13 October 2015

92. Educational audit document; Royal Glamorgan Hospital Cwm Taff UHB, viewed 08 March 2016

93. Student information file, Dewi Sant Cwm Taff UHB, viewed 08 March 2016

94. Educational audit document; Dewi Sant Cwm Taff UHB, viewed 08 March 2016

95. Educational audit document; Craig-Y-Parc Special School (SCOPE), dated 15 July 2015

96. Educational audit document; Heatherwood court, dated 25 February 2016

97. Educational audit document; Osbern Ward, Llanarth Court, 29 June 2015

98. Mentor database, Cwm Taff UHB, at Royal Glamorgan Hospital Cwm Taff UHB, accessed 08 March 2016

99. University of South Wales teaching and research advisory committee (TRAC) documents, undated

100. Meeting with mentors and link lecturer at community drug and alcohol team, Ysbyty Cwm Cynon - Cwm Taff University Health Board (UHB), 08 March 2016

101. Meeting with students at community drug and alcohol team, Ysbyty Cwm Cynon - Cwm Taff University Health Board (UHB), 08 March 2016

102. Meeting with mentors at community hospital – Cwm Taff UHB, 08 March 2016

103. Meeting with students at community hospital – Cwm Taff UHB, 08 March 2016

104. Meeting with district nursing team and students, Dewi Sant - Cwm Taff UHB, 08 March 2016.

105. Meetings with mentors at Royal Glamorgan Hospital – Cwm Taff UHB, 08 March 2016

106. Meetings with students at Royal Glamorgan Hospital – Cwm Taff UHB, 08 March 2016

107. Meeting with practice facilitators and link lecturers at Royal Glamorgan Hospital – Cwm Taff UHB, 08 March 2016

108. Meetings with ward manager and link lecturer Princess of Wales Hospital – Abertawe Bro Morgannwg UHB, 09 March 2016

109. Meetings with mentors Princess of Wales Hospital – Abertawe Bro Morgannwg UHB, 09 March 2016

110. Meetings with students Princess of Wales Hospital – Abertawe Bro Morgannwg UHB, 09 March 2016

111. Meeting with practice facilitators, senior nurse for education and link lecturers Princess of Wales Hospital – Abertawe Bro Morgannwg UHB, 09 March 2016

112. Meeting with unit manager and link lecturer mental health rehabilitation unit, Cefn-Yr-Afon - Abertawe Bro Morgannwg UHB, 09 March 2016

113. Meeting with mentor mental health rehabilitation unit, Cefn-Yr-Afon - Abertawe Bro Morgannwg UHB, 09 March 2016

114. Meeting with student mental health rehabilitation unit, Cefn-Yr-Afon - Abertawe Bro Morgannwg UHB, 09 March 2016

115. Meeting with Bridgend Community Mental Health Team and link lecturer - Abertawe Bro Morgannwg UHB, 09 March 2016

116. Meeting with mentor at Bridgend Community Mental Health Team - Abertawe Bro Morgannwg UHB, 09 March 2016

117. Meeting with student at Bridgend Community Mental Health Team and link lecturer - Abertawe Bro Morgannwg UHB, 09 March 2016

118. Meeting with mentors and signoff mentors, 10 March 2016

119. Teleconference with mentor who had undertaken the 2013 mentorship programme, 10 March 2016

120. Mentor database Cwm Taff UHB, accessed 08 March 2016

121. Mentor database Abertawe Bro Morgannwg, accessed 09 March 2016

122. Student placement evaluation reports for Cwm Taff UHB, 08 March 2016

123. Student placement evaluation reports for Abertawe Bro Morgannwg UHB, 09 March 2016

124. Audit reports for Cwm Taff UHB, 08 March 2016

125. Audit reports for Abertawe Bro Morgannwg UHB, 09 March 2016

126. Friends and family test documentation for Abertawe Bro Morgannwg UHB, 09 March 2016

127. Portfolio for mentor preparation programme, validated 2013

128. Mentor update material, PowerPoints and session plan, accessed 8-9 March 2016

129. Sign off preparation portfolio, accessed 9 March 2016

130. Personal development review documentation, accessed 9 March 2016

131. Off duty Cwm Taff UHB, accessed 8 March 2016

132. Off duty Abertawe Bro Morgannwg UHB, accessed 9 March 2016

133. Student evaluations for the mentorship programme, accessed 10 March

134. CV, external examiner, pre-registration nursing, learning disability, viewed 10 March 2016

135. USW, school of care sciences, subject external examiners report, 2013-14, 2014-15

136. USW safeguarding policy January 2016

Personnel supporting programme monitoring
Prior to monitoring event
Date of initial visit: 25 Feb 2016
Meetings with:
Associate head of school with responsibility for NMC approved programmes and practice learning Academic lead, learning disability nursing Academic subject manager, family care Academic subject manager, adult nursing Academic subject manager, mental health nursing Head of school of care sciences Academic manager admissions and mentor preparation programme lead
At monitoring event
Meetings with:
Associate head of school with responsibility for NMC approved programmes and practice learning Academic lead, learning disability nursing Head of school of care sciences Academic manager admissions and mentor preparation programme lead Academic manager, community Senior lecturer Academic subject manager – lead on revalidation Clinical skills nurse trainer Dean of the school of care sciences Deputy vice chancellor Lead nurse, learning disabilities, Aneurin Bevan University Health Board (ABUMHB) Workforce and development manager, Powys teaching health board Senior nurse manager, bank/agency, Powys teaching health board Head of nursing, learning disability service, learning disability/mental health delivery unit, Abertawe Bro Morgannwg University Health Board (ABMUHB) Acting head of clinical education, Cwm Taff University Health Board (CTUHB)

Education and contracting manager, the workforce education and development service (WEDS) Director, the workforce education and development service (WEDS) Assistant director QI and clinical governance, Cwm Taff (CTUHB) Head of workforce, education and research, Abertawe Bro Morgannwg University Health Board (ABMUHB)

Meetings with:

Mentors / sign-off mentors	35
Practice teachers	1
Service users / Carers	25
Practice Education Facilitator	7
Director / manager nursing	2
Director / manager midwifery	
Education commissioners or equivalent	10
Designated Medical Practitioners	
Other:	

Meetings with students:

Student Type	**Number met**
Mentorship	Year 1: 3 Year 2: 0 Year 3: 0 Year 4: 0

Registered Nurse - Learning Disabilities	Year 1: 7 Year 2: 8 Year 3: 8 Year 4: 0
	Year 1: 0 Year 2: 0 Year 3: 0 Year 4: 0

Protecting the public through quality assurance
of nursing and midwifery education

NMC UK Wide Quality Assurance Framework

Evaluation of reviewer performance by managing reviewer or Mott MacDonald observer

Name of programme provider/LSA:	South Wales, University of
LSA review / monitoring visit / Approval event date:	08 Mar 2016
Name of reviewer:	Mrs Sophia Hunt

Please comment and give a grade 1 to 4 on how well the reviewer achieved the following areas:

Key: 1 = Outstanding, 2 = Good, 3 = Satisfactory, 4 = Unsatisfactory

If you use grade 4 for any area, please ensure you provide commentary as this will help Mott MacDonald with planning and targeting professional development generally and for individuals.

The information you provide on this form will be fed back to the reviewer as well as enabling Mott MacDonald to monitor quality in order to maintain and improve on systems, processes and standards.

Demonstrated good knowledge of NMC rules, standards and requirements. 1 - Outstanding

You have excellent knowledge of the rules and standards, keeping us on track on occasions!

Used data provided in the programme provider's Requirements of approved education institutions and assuring the safety and effectiveness of practice learning (NMC 2013). (Only applicable to education QA). 1 - Outstanding

You kept focussed on the relevant issues, always comparing findings with the standards.

Gathered, analysed and interpreted relevant evidence during the monitoring/approval / review process. 1 - Outstanding

You were very active in the process, ensuring that you met with relevant groups and seeking out documentary evidence when appropriate.

Made judgements that were objective, fair and based securely on evidence. 1 - Outstanding

Very focussed on the evidence and objective in making judgements.

Demonstrated understanding of the NMCs proportionate risk based approach to QA in line with the new QA framework. 1 - Outstanding

Very clear and detailed understanding

Established effective and professional working relationships with other team members 1 - Outstanding

An excellent team member.

Communicated clearly, convincingly and succinctly, both orally and in writing. 1 - Outstanding

Articulate in reporting findings. Objective and balanced in your judgements.

OVERALL PERFORMANCE (consider all aspects of performance to judge overall competence as a reviewer) 1 - Outstanding

Sophia, you are an extremely good reviewer. You are confident in your knowledge and skills and you apply them well to the monitoring process. An excellent team member, you use your communication skills very effectively.

ANY OTHER COMMENTS (please include any major strengths areas for improvement or future training needs)

Protecting the public through quality assurance of nursing and midwifery education

NMC UK Wide Quality Assurance Framework

QA of reviewer report

Organisation	South Wales, University of
Programmes Reviewed	Mentorship; Registered Nurse - Learning Disabilities
Reviewer	Mrs Sophia Hunt
Reader	[redacted]
Date of Approval / Monitoring / LSA Review:	08 Mar 2016
Date of Reading	

Purpose: form is used to provide written feedback on the report following an approval event.

Purpose of the quality assurance activity is to ensure that:

- the work of reviewers is highly professional
- the report is fit for purpose i.e. suitable for its intended audience
- the report is of high quality

Key questions	Select	Comments
Is the report **clear?**	(•) Yes ( ) No	A very detailed report which clearly demonstrates our findings.
Is the report **concise?**	(•) Yes ( ) No	A well written report which summarises the findings extremely well.
Is the report **consistent?** Text and grades in the report form match.	(•) Yes ( ) No	The narrative clearly supports the judgements made.
Is the report **correct?** Free from jargon.	(•) Yes ( ) No	

Clear, precise and easy to read.

Is the report **convincing?**

- (•) Yes
- ( ) No

Your report makes clear the issues we were concerned about, but also demonstrates the excellent work taking place.

Is there sufficient attention to each of the relevant rules / standards / key risks?

- (•) Yes
- ( ) No

A very balanced report.

Overall comment:

Sophia, your report was extremely well written and included lots of evidence which I used to supplement and compliment my final report. The detail was very useful in explaining and supporting the judgements we made. I particularly like the inclusion of service users comments!

Thanks for all your hard work!

[redacted]

Evidence Cover Sheet

Appendix two:
Date(s): 14 - 16 November 2017
Appendix title(s): 2.3.1 Report – University of the West of Scotland (UWS), dated 27 November 2017 2.3.2 Feedback on my performance as a QA Lay Reviewer – UWS 2.3.3 Feedback on report writing – UWS
Context of the evidence: In 2017, the NMC conducted a quality assurance framework review of the Midwifery and Health Visitor programmes at the UWS. I was the LR for this monitoring event. The overall report is co-authored with three NMC RRs; I have therefore submitted feedback regarding my own performance during the review and feedback on my report writing, as further evidence of my contribution to the report authorship.
Purpose of the evidence: The evidence I found revealed inconsistencies in the ways the UWS was managing provision, between the two programmes. I ensured that this was appropriately identified and reflected in the judgements made (2.3.1). Feedback on my performance (2.3.2) references that I will challenge others appropriately within the team and make sound judgements drawn from the evidence. I am always keen to do this as a lay expert and there is also reference made to my "high degree of professionalism".
Signposting to key points of reference: Appendix 2.3.1 – page 15 – Summary of feedback from service users and carers Appendix 2.3.1 – page 30 to 32 – Risk indicator 3.2.1 - Service user involvement Appendix 2.3.2 – page 2 – box 1 and 2 – Teamwork and communication Appendix 2.3.3 – page 2 – box 1 – Report accuracy

MOTT MACDONALD

Protecting the public through quality assurance of nursing and midwifery education

Nursing & Midwifery Council

2017-18
Monitoring review of performance in mitigating key risks identified in the NMC Quality Assurance framework for nursing and midwifery education

Programme provider	University of West of Scotland
Programmes monitored	Registered Midwife - 36M; Registered Specialist Comm Public Health Nursing - HV
Date of monitoring event	14-16 Nov 2017
Managing Reviewer	Bernie Wallis
Lay Reviewer	Sophia Hunt
Registrant Reviewer(s)	Annie Powell, Patricia Hibberd
Placement partner visits undertaken during the review	Specialist Community Public Health Nursing – health visiting: NHS Ayrshire and Arran: Area east; health visiting team Area south; health visiting team NHS Dumfries and Galloway: health visiting team, by telephone conference NHS Lanarkshire: Area north; health visiting team Area south; health visiting team East Dunbartonshire community health visiting team Pre-registration midwifery: NHS Lanarkshire: Clydesdale community midwifery team. Wishaw General Hospital maternity services. NHS Greater Glasgow and Clyde: Queen Elizabeth maternity unit (postnatal ward, high risk postnatal ward, antenatal ward, labour ward) Royal Alexandra maternity unit (postnatal/antenatal wards, early pregnancy unit, midwife-led alongside birthing unit, labour ward, antenatal clinic). NHS Highland: Lochgilphead community midwifery team, university based meeting

Date of Report	27 Nov 2017

Introduction to NMC QA framework

The Nursing and Midwifery Council (NMC)

The NMC exists to protect the public by regulating nurses and midwives in the UK. We do this by setting standards of education, training, practice and behaviour so that nurses and midwives can deliver high quality healthcare throughout their careers.

We maintain a register of nurses and midwives who meet these standards, and we have clear and transparent processes to investigate nurses and midwives who fall short of our standards.

Standards for nursing and midwifery education

Our legislation defines our role in the education and training of nurses and midwives. It allows us to establish standards of education and training which include the outcomes to be achieved by that education and training. It further enables us to take appropriate steps to satisfy ourselves that those standards and requirements are met, which includes approving education providers and awarding approved education institution (AEI) status before approving their education programmes.

Quality assurance (QA) is our process for making sure all AEIs continue to meet our requirements and their approved education programmes comply with our standards.

We can withhold or withdraw approval from programmes when standards are not met.

QA and how standards are met

The QA of education differs significantly from any system regulator inspection.

As set out in the NMC QA framework, which was updated in 2017, AEIs must annually declare that they continue to meet our standards and are expected to report exceptionally on any risks to their ability to do so.

Review is the process by which we ensure that AEIs continue to meet our education standards. Our risk based approach increases the focus on aspects of education provision where risk is known or anticipated, particularly in practice placement settings. It promotes self-reporting of risks by AEIs and it engages nurses, midwives, students, service users, carers and educators.

The NMC may conduct a targeted monitoring review or an extraordinary review in response to concerns identified regarding nursing or midwifery education in both the AEI and its placement partners.

The published QA methodology requires that QA reviewers (who are always independent to the NMC) should make judgments based on evidence provided to them about the quality and effectiveness of the AEI and placement partners in meeting the education standards.

QA reviewers will grade the level of risk control on the following basis:

Met: Effective risk controls are in place across the AEI. The AEI and its placement partners have all the necessary controls in place to safely control risks to ensure programme providers, placement partners, mentors and sign-off mentors achieve all stated standards. Appropriate risk control systems are in place without need for specific improvements.

Requires improvement: Risk controls need to be strengthened. The AEI and its placement partners have all the necessary controls in place to safely control risks to ensure programme providers, placement partners, mentors and sign-off mentors achieve stated standards. However, improvements are required to address specific weaknesses in AEI's and its placement partners' risk control processes to enhance assurance for public protection.

Not met: The AEI does not have all the necessary controls in place to safely control risks to enable it, placement partners, mentors and sign-off mentors to achieve the standards. Risk control systems and processes are weak; significant and urgent improvements are required in order that public protection can be assured.

It is important to note that the grade awarded for each key risk will be determined by the lowest level of control in any component risk indicator. The grade does not reflect a balance of achievement across a key risk.

When a standard is not met, an action plan must be formally agreed with the AEI directly and, when necessary, should include the relevant placement partner. The action plan must be delivered against an agreed timeline.

Summary of findings against key risks

Resources	**1.1 Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC**	1.1.1 AEI staff delivering the programme have experience/qualifications commensurate with their role in delivering approved programmes			
	1.2 Inadequate resources available in practice settings to enable students to achieve learning outcomes required for NMC registration or annotation	1.2.1 Sufficient appropriately qualified mentors/sign-off mentors/practice teachers in evidence to support the students allocated to placement at all times			
Admissions & Progression	**2.1 Inadequate safeguards are in place to prevent unsuitable students from entering an approved programme and progressing to NMC registration or annotation**	2.1.1 Selection and admission processes follow NMC requirements	2.1.2 Programme providers' procedures address issues of poor performance in both theory and practice	2.1.3 Systems for the accreditation of prior learning and achievement are robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency	2.1.4 Programme providers' procedures are implemented by practice placement providers in addressing issues of poor performance in practice
Practice Learning	**3.1 Inadequate governance of, and in, practice learning**	3.1.1 Evidence of effective partnerships between education and service providers at all levels, including partnerships with multiple education institutions who use the same practice placement locations			
	3.2 Programme providers fail to provide learning opportunities of suitable quality for students	3.2.1 Practitioners and service users and carers are involved in programme development and delivery	3.2.2 AEI staff support students in practice placement settings		
	3.3 Assurance and confirmation of student achievement is unreliable or invalid	3.3.1 Evidence that mentors/sign-off mentors/ practice teachers are appropriately prepared for their role in assessing practice	3.3.2 Systems are in place to ensure only appropriate and adequately prepared mentors/sign-off mentors/practice teachers are assigned to students		
Fitness for Practice	**4.1 Approved programmes fail to address all required learning outcomes in accordance with NMC standards**	4.1.1 Students' achievement of all NMC learning outcomes, competencies and proficiencies at progression points and/or entry to the register (and for all programmes that the NMC sets standards for) is confirmed through documentary evidence			
	4.2 Audited practice placements fail to address all required learning outcomes in accordance with NMC standards	4.2.1 Students' achievement of all NMC learning outcomes, competencies and proficiencies at progression points and/or entry to the register (and for all programmes that the NMC sets standards for) is confirmed through documentary evidence			
Quality Assurance	**5.1 Programme providers' internal QA systems fail to provide assurance against NMC standards**	5.1.1 Student feedback and evaluation/ programme evaluation and improvement systems address weakness and enhance delivery	5.1.2 Concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners		
	Standard Met		***Requires Improvement***		***Standard Not met***

Introduction to University of West of Scotland's programmes

The University of the West of Scotland (UWS) (the university) school of health, nursing and midwifery (SHNM) (the school) is one of six academic schools, and is the largest provider of health education in Scotland. The university currently has four campuses in Scotland; Dumfries, Ayr, Hamilton and Paisley.

The focus of this monitoring review is pre-registration midwifery and specialist community public health nursing (SCPHN) health visiting (HV).

The postgraduate SCPHN HV programme is available on a full time and part time basis and was approved on 22 May 2014 (1). There have been two intakes of students for the last four years in response to NHS Scotland health visitor strategy. Intakes of students will revert to one per year in 2018-19. Student numbers are approximately 90.

The three-year BSc midwifery pre-registration programme was approved on 4 April 2012 and the MSc midwifery programme on 17 April 2013 (2). An extension to the programme approval was granted by the NMC until 31 August 2020. There are approximately 150 undergraduate students and 45 postgraduate students.

Placements providers include NHS Glasgow and Clyde, NHS Highland, NHS Lanarkshire, NHS Dumfries and Galloway and NHS Ayrshire and Arran.

The monitoring visit took place over three days and involved visits to practice placements to meet a range of stakeholders.

The outcome of Healthcare Improvement Scotland (HIS) reports influenced the selection of practice placements for the monitoring visit. Consideration was given to the student experience in the placements in NHS Greater Glasgow and Clyde Queen Elizabeth University Hospital, due to the number of priority one actions required in the January 2017 HIS report (5).

Summary of public protection context and findings

We conclude that the UWS has systems and processes in place to monitor and control the key risk themes resources and fitness for practice.

We found the key risk theme quality assurance requires improvement.

Our findings conclude that two key risks, admissions and progression and practice learning, do not meet the NMC standards required to ensure public protection. The university must implement an urgent action plan to ensure these risks are controlled and NMC standards are met to ensure public protection.

6 February 2018: The university produced an action plan to address the unmet outcomes. The action plan has been fully implemented and the NMC requirements are now met. The key risk themes, admissions and progression and practice learning

outcome are now graded requires improvement to reflect the outstanding areas for improvement identified in the report.

The control of the key risks is outlined below.

Resources: met

Our findings confirm that the university has adequate appropriately qualified academic staff to deliver the SCPHN HV and pre-registration midwifery programmes.

There are sufficient appropriately qualified practice teachers and sign-off mentors to support the number of students studying the SCPHN HV and pre-registration midwifery programmes.

Admissions and progression: not met

We conclude that robust processes are not in place to ensure all outcomes within the SCPHN HV and midwifery programmes are appropriately confirmed as met due to compensation being applied between assessment elements as a result of changes to the university assessment regulations. This requires timely action to ensure the NMC requirement is met.

We found admission, selection and progression processes for the pre-registration midwifery programme meet NMC requirements to ensure protection of the public. These checks include ensuring students have protection of vulnerable groups (PVG) screening, occupational health clearance and good character checks prior to commencing the programme and proceeding onto their first placement. Health and character declarations are completed by students at progression points and prior to entry to the professional register.

We found employers carry out health and character checks for SCPHN HV students but confirmation of these checks is not formally recorded as part of the admission to the SCPHN HV programme. We found there was no requirement for SCPHN HV students to complete a self-declaration of good health and good character at the end of the programme. These checks require timely action to ensure robust and transparent admission and sign-off processes are in place and public protection is assured.

We found service users/carers contribute to the recruitment and selection of midwifery students which is clearly values based. However, service user/carers are not involved in the selection process for SCPHN HV students. This requires improvement.

We found there is no mechanism for recording that practitioners and service users have completed equality and diversity training prior to undertaking student selection interviews for the midwifery and SCPHN HV programmes. This requires improvement to ensure NMC requirements are met.

There is an effective policy for the management of students who are under the age of 18 years at the start of the programme and a risk assessment is undertaken prior to them proceeding onto practice placement.

There is a clear system in place for accreditation/recognition of prior learning (A/RPL) for the health visitor programme. However, the external examiner does not have oversight of the process and therefore all aspects of the programme that contribute to student progression. This requires improvement.

We found the university has comprehensive policies and processes in place related to conduct, competence and fitness to practise which manage and pre-empt the poor performance of students in theory and in practice. Practice placement providers have confidence in these process and their ability to implement them.

Practice placement providers' systems enable effective implementation of the university procedures to monitor and address issue of poor performance of students in practice.

12 December 2017: A review of progress against the action plan confirmed that a new process has been implemented to ensure good health and good character and criminal record checks of SCPHN HV students are completed and recorded at the beginning and at the end of the programme prior to entry to part three of the NMC register. The standard is now met and protection of the public is assured.

6 February 2018: A review of the action plan confirmed that the use of compensation has been removed from the SCPHN HV and pre-registration midwifery programmes to comply with the NMC requirements.

The key risk admissions and progression is now graded requires improvement to reflect the outstanding areas for improvement identified above.

Practice learning: not met

Our findings conclude the partnership working between the university and practice placement providers and other approved education institutions (AEIs) is robust and effective at both strategic and operational levels to support the programmes.

We found issues raised by external quality assurance (QA) monitoring are addressed through this partnership working. We saw evidence of escalation of concerns and exceptional reporting to the NMC and found students, academic and practice placement provider staff are confident in the processes to follow for raising and escalating concerns in practice.

We found clear evidence of the academic support provided for students, practice teachers and sign-off mentors in the practice placement areas.

We conclude that practice teachers and sign-off mentors are appropriately prepared for their role and are supported to attend updates to meet the requirements for triennial review and undertake practice assessment.

We cannot be assured however that a robust and secure system of consistently allocating students to midwifery sign-off mentors is in place in one NHS health board. The mentor register was not accurate. One sign-off mentor on the active part of the register was out of date and we found one sign-off mentor allocated to students who

was not recorded as 'active' on the register. This requires urgent and immediate action to manage the risk and ensure public protection.

We found practitioners' involvement is embedded in both programmes. The involvement of service users/carers is also evident. However, we found service users/carers are not routinely engaged in the programme management teams. A new service user carer strategy is in place but this did not routinely report on outputs. These require improvement.

3 December 2017: A review of progress against the action plan confimed that the mentor register is accurate and midwifery students currently on placement are allocated to up to date sign-off mentors, and no students are supervised or assessed by out of date sign-off mentors.

6 February 2018: A final review of progress against the action plan confirmed that a new online system is in place which ensures midwifery students cannot be allocated to out of date sign-off mentors. The key risk is now controlled and NMC requirements are met.

The practice learning outcome is now graded requires improvement to reflect the outstanding area for improvement identified above.

Fitness for practice: met

Our findings conclude that the learning, teaching and assessment strategies of the pre-registration midwifery and SCPHN HV programmes enable students to achieve the programme learning outcomes, practice competencies and NMC standards and requirements at progression points and for entry to the register in both university and audited practice settings.

Employers, practice teachers and sign-off mentors told us that students are fit for practice on completion of these programmes.

Quality assurance: requires improvement

Our findings conclude that there are effective internal QA processes in place to manage risks to public protection. However, further enhancement of the university's systems and processes is required to ensure the SCPHN HV student experience of practice learning is consistently evaluated and enables feedback to practice placement providers.

External examiners have due regard and are engaged in the scrutiny of the assessment of theory and practice in the pre-registration midwifery programme. However, we found external examiners do not routinely report on the quality of practice based learning in the SCPHN HV programme. This requires improvement.

We found practice placement providers involved in the SCPHN HV and pre-registration midwifery programmes do not receive feedback about the quality of practice learning and assessments from external examiner reports in order to carry out actions as required. This requires improvement.

There are clear processes in place to ensure students' concerns and complaints are appropriately dealt with and communicated to relevant practice placement providers when the concern or complaint relates to the practice learning setting.

We did not find any evidence to suggest there are any adverse effects on students' learning experiences in midwifery placements in the Queen Elizabeth University Hospital, which was subject to HIS priority one actions.

Summary of areas that require improvement

A review of progress against the university action plan took on 3 and 12 December 2017 and 6 February 2018. These reviews confirmed that revised systems and processes are now in place to ensure the following; the use of compensation has been removed from the SCPHN HV and pre-registration midwifery programmes; good health and good character checks are recorded at the beginning and end of the SCPHN HV programme and a new system for the appropriate allocation of pre-registration midwifery sign-off mentors to students and monitoring the accuracy of the mentor register are in place. These risk areas are now controlled and NMC standards are met.

The following areas are not met and require urgent attention:

- The school must put a system in place to confirm and record employer health and character checks on admission to the SCPHN HV programme and at programme completion to ensure NMC standards and requirements are met and protection of the public is assured.
- The university must ensure that a robust process is put in place for the maintainance of accurate and up to date recording in the mentor register in one NHS health board to meet NMC requirements.
- The school must ensure a robust process is put in place as a matter of urgency to ensure students are allocated up to date sign-off mentors prior to proceeding to their next placement to assure public protection.
- The programme regulations for the SCPHN HV and pre-registration midwifery programmes are not compliant with NMC standards as students are not required to sucessfully complete all elements of theory module assessments. This requires urgent attention to ensure students meet all theoretical components of the programmes.

The following areas require improvement:

- The school should involve service user/carers in the selection process for health visitor students.
- The university should have a process in place to record that practitioners and service users participating in student selection interviews for the SCPHN HV

and pre-registration midwifery programmes have undergone equality and diversity training.

- The university should ensure external examiners have oversight of the A/RPL process and outcomes for the SCPHN HV programme, to enhance the risk controls and ensure public protection.
- The ways in which service user/carers can be involved in the SCPHN HV and pre-registration midwifery programme management teams should be identified and implemented by the school.
- The school should introduce a formal system of routine reporting on the outputs of the service user strategy.
- The school should establish a formal and effective system of capturing students' evaluation of practice learning in the SCPHN HV programme.
- The university should ensure external examiners routinely report on the quality of practice based learning in the SCPHN HV programme.
- The school should introduce a process to ensure practice placement providers receive feedback from external examiners' reporting of practice based learning and assessment in the SCPHN HV and pre-registration midwifery programmes.

Summary of areas for future monitoring

- Health and character checks on admission and completion of the SCPHN HV programme.
- Midwifery sign-off mentor registers are accurate and up to date.
- Midwifery students are allocated to up to date sign-off mentors.
- Adherance to the NMC standards for progression in all NMC approved programmes.
- Service users/carers are involved in student selection in the SCPHN HV programme.
- Service users/carers are involved in the programme management teams for SCPHN HV and pre-registration midwifery.
- Routine reports on outputs of the service user/carer strategy are established.
- Equality and diversity checks are recorded for practitioners and service users/carers involved in student selection interviews.
- Student evaluations of practice learning are captured formally in the SCPHN HV programme.

- External examiners have oversight of A/RPL claims in the SCPHN HV programme.
- External examiners routinely report on the quality of practice learning in the SCPHN HV programme.
- Practice placement providers receive feedback about external examiner reporting of the quality of practice based learning and assessment.

Summary of notable practice

Resources

None identified

Admissions and Progression

None identified

Practice Learning

None identified

Fitness for Practice

None identified

Quality Assurance

None identified

Summary of feedback from groups involved in the review

Academic team

SCPHN HV

We found that the academic team have good working relationships with NHS practice placement providers across the SCPHN HV placement areas. Academic staff are appropriately qualified NMC teachers. We were told about the systems and processes used to ensure that the NMC standards and requirements are achieved. The team explained that the university has ensured adequate academic resources to support the expansion in SCPHN HV student numbers through further involvement of the wider community specialist team and an additional health visitor practice liason post. The practice liason role supports practice teachers, health visitor facilitators and students in practice areas.

Pre-registration midwifery

The midwifery programme team told us that they are well resourced and are facilitated to develop and to engage in their roles as liaison lecturers and personal

tutors. The programme team view the collaboration with both placement providers to be a strength of their provision, and gave examples of areas of joint working at operational and strategic levels via the lead midwife for education (LME) and chief midwives. The programme team told us that they believe student midwives have a high quality educational experience that includes access to high calibre simulation facilities with technical support, and that the LME and wider team is supported by a responsive school.

Mentors/sign-off mentors/practice teachers and employers and education commissioners

Sign-off mentors, practice teachers and practice education facilitators (PEFs) report that the pre-registration midwifery programme and SCPHN HV programmes are suitably preparing students for admission/annotation on to the NMC register. Students are well prepared to enter practice learning by the theory elements of their programmes and are consistently engaged and proactive in their learning. Employers and service managers report that students completing the programmes are of a high calibre and are employable

The university is responsive and supportive if concerns are raised regarding a student and appropriate remedial action is undertaken. Liaison lecturers are proactive and visible across the placement circuit and have well defined relationships with the PEFs.

Practice teachers and mentors confirm their involvement in student recruitment and selection and report they are well prepared and supported by managers, PEFs and university staff in their role in facilitating students' learning and assessing practice. Practice managers report working relationships at strategic and operational level between the university, other AEIs and NHS health boards is robust.

Students

SCPHN HV

Full and part time students told us that they feel well supported in both academic and practice settings to meet the programme outcomes and requirements. They explained that the programme is challenging. However, the blended learning and teaching strategy, timetable and tutorial system enables them to achieve the programme outcomes. They told us that the assessment is varied and includes an objective structured clinical examination (OSCE). Students are positive about the programme and feel prepared to undertake the health visiting role on qualification.

Pre-registration midwifery

Students told us that they are very satisfied with the quality of the midwifery programme, and felt very well supported by university and practice staff. They told us that the teaching resources are comprehensive, including high calibre simulation facilities and access to a wide range of online and library resources. The students report that they are able to have a wide range of relevant experience in order to achieve NMC requirements and European Union (EU) directives and that the programme facilitated their learning and professional development at all stages.

Students told us that the team listen to their evaluations and made changes where possible, and that the programme prepares them for becoming qualified midwives.

Service users and carers

SCPHN HV

The service users we met and contacted by telephone appreciated the confidence and experience of the SCPHN HV students and praised their commitment to providing individualised care. The students had demonstrated respect when visiting the homes of service users and had followed up on appointments in a timely and professional manner.

Pre-registration midwifery

In practice placement environments, we met service users who had received care from midwifery students in the community, during their antenatal care. The service users spoke very highly of the students and made specific reference to feeling supported, being given adequate time to answer questions and having their opinions listened to. The service users were very positive about the care they received and could give examples of compassion and commitment to providing a high standard of care.

Relevant issues from external quality assurance reports

The following HIS reports which required action were considered for practice placements used by the university for pre-registration midwifery and SCPHN HV students. These reports provided the review team with context and background to inform the monitoring review.

HIS report Hairmyres Hospital, NHS Lanarkshire. This was an announced inspection of wards and theatres on 9-10 May 2017 against the Healthcare Associated Infection (HAI) standards (February 2015). Four priority one rated requirements related to the ward inspection required action (3).

HIS report Monklands Hospital, NHS Lanarkshire. This was an announced follow-up visit of the theatre department on 15 November 2016 and an inspection against the HAI standards. Two priority one rated requirements required action (4).

HIS report Queen Elizabeth University Hospital, NHS Greater Glasgow and Clyde. There were two unannounced inspections on 12-15 December 2016 and a follow up visit 16-17 January 2017 against the HAI standards. 10 requirements required action of which eight were priority one rated (5)

What we found at the monitoring visit:

We found the university works in close partnership with practice placement providers. There is regular communication between the directors of nursing and senior staff of the school regarding the outcomes of HIS reports and any other risks to the practice learning environment. Action plans are agreed when there is any impact on student

practice learning (116-118, 120).

Follow up on recommendations from approval events within the last year

The PgCert teacher programme was approved 30 June 2017 (6).

There were three recommendations identified. The progress/completion of these recommendations will be reported on in the 2017-18 annual self-assessment report.

A major modification to the MSc health studies SCPHN occupational health nursing (OHN) programme was approved on 28 July 2016 (8). Two recommendations were made.

The following was identified as relevant for future monitoring:

- The level of resources available to support teaching, monitoring and supporting students online (see section 1.2.1)

A major modification for the postgraduate diploma specialist practitioner qualification (SPQ) district nurse programme with mandatory integrated prescribing was approved on 6 June 2016 (9).

The following was identified as relevant for future monitoring:

- The preparation of the practice teachers to support and assess students at master's level (see section 3.3.1).

What we found at the monitoring visit:

The recommendations from programme modifications are in progress or have been completed as appropriate (136).

Specific issues to follow up from self-report

The 2016-17 self-assessment report identified the following areas as potential risks requiring monitoring (10);

- redefining the role of the link lecturer (see section 3.2.2)
- removal of numeracy and literacy testing and individual interviews (see section 2.1.1)
- revision of fitness to practise procedures (see section 2.1.2)
- introduction of a new practice placement management system InPlace from September 2016 (see section 3.1.1)
- introduction of a new placements evaluation system QMPLE (see section 5.1.1)
- placements at Wishaw General Hospital following a change in the model of care delivery and function

What we found at the monitoring visit: We visited Wishaw General Hospital maternity unit and found the practice learning environment conducive to student learning (133). Implementing an equitable and robust approach to service user involvement in pre-registration programmes was identified in the 2015-16 self-assessment report. The NMC monitoring review report 2014 also recommended strengthening service user involvement in the SCPHN HV programme (11-13). (see section 3.2.1)

Findings against key risks
Key risk 1 – Resources **1.1 Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC** **1.2 Inadequate resources available in practice settings to enable students to achieve learning outcomes required for NMC registration or annotation**
Risk indicator 1.1.1 – AEI staff delivering the programme have experience/qualifications commensurate with their role in delivering approved programmes
What we found before the event
There is a school enabling plan for staff development linked to the performance development review (PDR) process, including support for revalidation activity and completing the NMC recordable teacher qualification. Completion of equality and diversity training/unconscious bias is mandatory and provided online (43-45, 48, 51, 108).
What we found at the event
Staff curricula vitae (CVs) demonstrate that academic staff delivering the programmes have a diverse range of knowledge and experience commensurate with their roles. Completing a postgraduate teaching qualification is mandatory for teaching staff (33, 42, 51). The LME and programme leaders for the BSc midwifery and MSc midwifery programme all hold current NMC registration, due regard and recorded teacher qualifications. The LME holds an academic and professional leadership role in the

school and confirmed she is fully supported to fulfil the role requirements which constitutes half of the post. The LME is involved with all aspects of programme development, delivery and evaluation at strategic and operational levels, and is also line manager for the midwifery team (111, 116, 118, 127, 129, 146). The programme leader for the SCPHN HV programme and the majority of the teaching team are current registrants with due regard and hold a recognised teacher qualification. The team is complemented with staff from a mental health background and child protection expertise (111, 119). The teaching teams we met confirmed they are supported to complete revalidation requirements. The school records and monitors the professional registration and revalidation dates of staff (116-118, 157). Staff we met confirmed there is protected time for staff development, professional update and engagement with practice. The staff development activity tracker confirmed evidence of professional updating (47, 116, 127, 135). From discussion with senior staff, the teaching teams and students, we found that the teaching resource supports the application of specialist knowledge and is sufficient to support the number of students on the programmes (64-65, 116, 127, 130, 135, 137). We conclude that the university has adequate appropriately qualified academic staff to deliver the pre-registration midwifery and SCPHN HV programmes to meet NMC standards.
Risk indicator 1.2.1 - sufficient appropriately qualified mentors/sign-off mentors/ practice teachers in evidence to support the students allocated to placement at all times
What we found before the event
The NMC approved practice teacher programme is delivered online. The NMC approved mentor preparation programme is delivered across all four campuses and has been reviewed to enhance engagement with the assessment and increase completion rates (76, 79). Bi-annual reports detailing mentor/practice teacher capacity in each placement area are provided to the university by practice placement providers. Educational audit documentation is reviewed to provide timely cross referencing to mentor/practice teacher capacity, local mentor updates, triennial reviews and maintenance of live mentor registers (55-57, 59-61, 77-78).
What we found at the event
Practice teacher and sign-off mentor capacity is overseen by the PEFs and liaison

lecturers. The PEFs check the sign-off mentor or practice teacher is current on the local mentor/practice teacher register. The senior management of the school, and directors of nursing/chief midwives are kept informed of any capacity issues and regular reports on practice teacher capacity are received by the NHS strategic leads for health visiting. There is an established process of monitoring capacity through the partnership forums and through collaboration with other AEIs that share the same placements. Any service reconfiguration that effects capacity is notified to the university and amendments made to the practice placement management system InPlace (11, 55, 61, 74, 77-78, 82, 116-117, 120, 146).

Supernumerary status and the requirement for midwifery and SCPHN HV students to spend 40 percent of the time in practice under the direction of their mentor/practice teacher is clearly stated in the placement management standards and student and practice teacher/mentor facing documentation. Students, sign-off mentors, practice teachers and PEFs we met confirmed these requirements are adhered to (55, 86-87, 91, 128-129, 131-134, 137-140).

SCPHN HV

We found NHS health boards and the university work effectively in partnership at a strategic and operational level to ensure practice teacher capacity is sufficient to support the increase in the number of SCPHN HV students (116, 120, 126, 135-140, 142).

The recent introduction of the long arm approach to supporting students in practice and the development of the registered health visitor facilitator role supports the practice teacher and student practice learning infrastructure. Where practice teachers are not one-to-one with the SCPHN HV student, a registered health visitor facilitator is allocated to enable one-to-one student learning in practice. Where there is only one sign-off practice teacher in an area, we found a risk management strategy in place to ensure that a practice teacher from a neighbouring area in the employing organisation would be available to continue to support the student and facilitator as needed (120, 135, 137-138, 149).

Practice teachers and facilitators we met confirm that they feel well prepared for their role and are well supported. Employers also confirm they support practice teacher capacity by reducing the size of caseloads for practice teachers. This allows them to undertake more visits to work with or supervise students working with facilitators (137-140, 147).

Pre-registration midwifery

There is a limited shared circuit of midwifery placements with other AEIs. Managers and mentors confirm that although occasionally there are other health professionals in the placements this does not cause excessive demand on the mentors (128-129, 131, 133-134).

Students told us they feel well supported in practice to achieve their learning outcomes. Students are assigned a sign-off mentor prior to commencing each practice placement and they also work with a co-mentor who has been suitably

prepared for the role. Sign-off mentors confirm they are effectively prepared for the role. Mentors, PEFs and students told us that during non-midwifery placements, the students continue to have the support of their sign-off midwife mentors whilst receiving appropriate additional support from other relevant staff; for example other health and social care staff. We were told that occasionally if there is an unexpected shortage of mentors, for example because of sickness absence, this is dealt with promptly by joint working between PEFs, link lecturers and mentors (128-129, 130-131, 133-134).

Sign-off mentor capacity is sufficient to support the programme. However, we were told that on occasion, service level agreements with NHS health boards require amendment to facilitate student placement requirements. Partnerships with the PEFs and NHS health boards are proactive to ensure that this can be accommodated (110, 126, 133).

We conclude that there are a sufficient number of appropriately qualified sign-off mentors and practice teachers to support the number of pre-registration midwifery and SCPHN HV students on placements.

Outcome: Standard met

Comments:

No further comments

Areas for future monitoring:

None identified

Findings against key risks
Key risk 2 – Admissions & Progression **2.1 Inadequate safeguards are in place to prevent unsuitable students from entering an approved programme and progressing to NMC registration or annotation**
Risk indicator 2.1.1 - selection and admission processes follow NMC requirements
What we found before the event
University and school policies guide and support the admissions and selection

processes and include, criminal convictions, equality and diversity, counter fraud and risk assessment for applicants under 18 years of age. The school also undertakes a risk assessment for successful applicants under 18 years of age prior to them proceeding onto practice placement (13-15, 20, 26-28, 30).
What we found at the event
SCPHN HV The entry criteria for the SCPHN HV programme are consistent with NMC and university requirements and also include an extended personal statement, a competency activity and an interview. Students are sponsored and employed by the NHS throughout the programme. University and health service staff we met confirmed the application process and joint interview is managed in partnership and short-listing and interviewing panels include the academic team, health service managers and practice teachers. Competency based interviews are linked to professional values and behaviours and are used to assess applicant values and transferable skills (88, 101, 120, 135, 137-142). We found no evidence that service users/carers are involved in the admission and selection processes, and this requires improvement to ensure NMC requirements are met (119, 135, 153). The NHS health board employing the SCPHN HV student undertakes occupational health and PVG screening prior to commencement on the programme. The employer confirms to the university that the PVGs have been completed and this information is shared between the placement providers and the university as necessary. The university was unable to provide evidence that character checks and completion of occupational health screening undertaken by the employer is routinely and systematically checked and verified by the university programme team prior to admission on to the programme (119-120, 130, 135, 137-142). This requires improvement. Pre-registration midwifery Entry criteria to the pre-registration midwifery programme are consistent with university and NMC requirements. Numeracy and literacy testing have recently been removed as part of the selection process and individual interviewing has been replaced this year with group interviewing as a school wide initiative. Managers and mentors we met are aware of these changes and feedback from the programme team and placement providers confirm this is an effective aspect of the selection process (10, 86-87, 120, 127, 129-130, 133-134). We were told by the programme team and practice managers that selection and admission of midwifery students is linked to professional values and behaviours and this was confirmed in the materials used for recruitment and by students (127, 129, 144).

A diverse range of stakeholders are involved in selection and admission, including current students, midwifery managers, PEFs and midwife mentors. Mentors reported they are routinely invited and are enabled to attend student selections events and found the experience was valuable and robust. Service users are invited to attend interview days and we were told that there were service users in attendance at all of this year's group interview events for the midwifery programme. Student midwives told us that they see the attendance of current students at recruitment events as valuable (120, 127-130, 133-134). Admission processes ensure that student midwives have fulfilled all health and character requirements including PVG checks and these are confirmed by the LME. This information is shared between the university and placement providers as necessary. The programme leaders confirm that in the event of a delay in receiving relevant health and character clearance at the start of the programmes, the students would not be allowed to proceed to practice placement (23, 120, 126-131, 133-134). There is an effective policy for the management of students who are under the age of 18 years at the start of the programme and a risk assessment is undertaken prior to them proceeding onto practice placement (13, 20, 119). The university is confident that pre-interview training including equality and diversity training is completed by academic staff and practitioners prior to engaging in selection interviews as it is part of their mandatory training. This training is provided by their respective organisations. Health service staff we met confirmed they complete equality and diversity training and we saw records of unconscious bias training completed by the academic staff. We found however, the university does not have a mechanism in place for the recording and monitoring of the training undertaken by health service staff involved in the student selection process for the pre-registration midwifery and SCPHN HV programmes and this requires improvement (108, 127, 131, 133-135, 152-153). Our findings conclude that the university conducts an open, fair and transparent selection and admissions process and follows NMC requirements. However, the risk control measures used by the university to confirm health and character checks carried out by the employer for health visitor students requires improvement. Service users should be involved in the selection process for student health visitor students. The mechanisms for recording that practitioners and service users have completed equality and diversity training prior to participating in selection processes for pre-registration midwifery and SCPHN HV students requires improvement.
Risk indicator 2.1.2 - programme providers' procedures address issues of poor performance in both theory and practice
What we found before the event

Students are allocated a personal tutor. The role and responsibilities have recently been reviewed and indicate the personal tutor will meet with the student at least once per academic year to monitor progress in theory and practice (31, 39, 66).

Expectations for the full engagement of students in their programme are clear in the student engagement policy and in programme documentation. Any concerns about a student's level of engagement which can impact on student performance and/or progression is initially managed at module and programme level and can be escalated to the school student engagement committee. Where a concern is raised about a student's attendance this can be referred to the school committee for action as appropriate including withdrawal from the programme (34-38, 40, 66).

There is a university policy and associated infrastructure for managing concerns about a student's conduct, competence or fitness to practise (FtP). FtP concerns may be resolved following a stage one process or escalated to a stage two panel hearing. Senior nurse/midwife representation is required at stage two panel hearings. In 2016, 14 cases of FtP concerns from across the school were considered. Data and outcomes are tracked and a summary report of cases and associated outcomes is produced annually (21-22, 86-87).

Data shows that three student midwives have been referred to FtP panels since 2013 as follows; one case in 2013 for unprofessional behaviour in respect of breach of confidentiality which was processed through stage one and two. The student elected to leave the programme. One case in 2016 following a complaint from mentors alleging breach of the UWS code of discipline for students. The case was processed and resolved at stage one and the student continued on the programme. One case in 2016/17 was processed at stage one and stage two for the improper use of social media resulting in discontinuation of the student from the programme (21, 29, 50).

What we found at the event

The processes for addressing students' performance in their academic work are robust and enable close monitoring of progress where concerns have been identified, providing support to students to improve. Students we met confirm that they are allocated a personal tutor who is also a liaison lecturer to support them in theory and practice and monitor their progress. They told us they are given timely feedback from the programme teams and that this feedback enables them to improve their performance academically (127-129, 135, 137-142, 144-145).

FtP policies and procedures are clearly understood by students. FtP data is evaluated, and the outcomes are reported to the school board. A system to ensure 'lessons learnt' is under development to ensure these are disseminated and used effectively by school staff, students mentors and practice teachers (21-22, 29, 118, 129-134).

Since the approval of the pre-registration midwifery and SCPHN HV programmes the university regulations have been updated to allow compensation between elements of

assessment in order to achieve an overall module pass. We found that the programme team had not mitigated against the risk that a student may fail an element of theoretical assessment and consequently related NMC outcomes (85-90, 112, 146). This requires timely action to ensure the NMC requirement is met.

SCPHN HV

We found that there was no requirement for SCPHN HV students to complete a self-declaration of good health and good character at the end of the programme prior to notifying NMC of eligibility to register (119, 135, 142). This requires urgent action to ensure robust and transparent sign-off processes are in place and public protection is assured.

The university FtP policy incorporates postgraduate and post-registration students. Academic staff confirmed that if a FtP concern arose about a SCPHN HV student, a stage one investigation would be initiated, and the employer notified for any subsequent processing, as appropriate. Strategic leads for health visiting confirmed this partnership approach (118, 120).

Pre-registration midwifery

Students we met reported they are required to complete an annual declaration of health and character at progression points and at programme completion; these declarations are confirmed by the LME (23, 55, 86-87, 128-129, 146).

We found that the LME is involved at stage one of any FtP case concerning a midwifery student and the directors of nursing and PEFs confirmed that senior practice midwives are involved in stage two of the process (120, 129, 131-134, 146).

Since the programmes were approved changes to the university assessment regulations have been introduced which allow compensation to be applied between module assessment elements. Therefore, our findings conclude that robust processes are not in place to ensure all outcomes within the pre-registration midwifery and SCPHN HV programmes are appropriately confirmed as met. The risk is not controlled and requires timely action to ensure the NMC requirement is met and protection of the public is assured.

Risk indicator 2.1.3 - systems for the accreditation of prior learning and achievement are robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency

What we found before the event

There is a university recognition of prior learning policy (RPL). RPL is not allowed in pre-registration midwifery programmes (32-33).

There is opportunity for admission to the SCPHN HV programme with previous academic credit and/or prior learning up to a maximum of two academic modules. The

most recent application for RPL in the programme was 2015 (32-33, 66, 88).
What we found at the event
A system is in place for the management of RPL claims in the SCPHN HV programme. RPL is mainly used in the programme in cases where students have previously taken one of the programme modules as continuing professional development prior to undertaking the SCPHN HV programme. Where there is a request for external RPL, the programme leader undertakes a mapping of prior learning to the relevant module outcomes. All students are required to link learning to NMC proficiencies through reflection within the practice portfolio (91, 119, 135). We found that RPL is not currently subject to external examiner scrutiny (106-107, 118-119). This requires improvement to ensure protection of the public. Our findings conclude there are clear RPL processes in place for the SCPHN HV programme. However, the external examiner does not have oversight of the process and therefore all aspects of the programme that contribute to student progression. The involvement of the external examiner would strengthen the process.
Risk indicator 2.1.4 - programme providers' procedures are implemented by practice placement providers in addressing issues of poor performance in practice
What we found before the event
The practice assessment documents detail the cause for concern process including performance in terms of failure by a student to achieve practice proficiencies, professional conduct and associated supportive action by the mentor, PEF and academic staff. Clear guidance is provided for mentors and practice teachers when they need to act on a concern and the FtP process. Support for mentors and practice teachers is provided by the PEFs, liaison lecturer for midwifery students and the liaison lecturer/personal tutor for SCPHN HV students (18, 54, 91-93). Practice documentation is clear in structuring and capturing ongoing monitoring of a student's performance and conduct, including action plans and collaboration between practice and academic staff (35-36, 92-93, 101). Students, mentors and practice teachers are made aware of these processes through the programme and practice assessment documentation, at student induction and as part of mentor/practice teacher preparation and updates (92-93, 101-102).
What we found at the event

We found that the programme providers' procedures are understood, implemented and valued by practice placement providers in addressing issues of poor student performance in practice. Mentors and practice teachers are made aware of the processes when they need to act on a concern about a student's poor performance through the practice documentation and mentor/practice teacher preparation and updates for mentors and practice teachers. Students, sign-off mentors, practice teachers, PEFs and service managers we met were able to describe the process (21, 114, 128-129, 131-135, 137-140, 148).

Sign-off mentors, practice teachers, PEFs and managers we met confirmed that the processes for addressing students' poor performance are understood and used by mentors and the liaison lecturers. Mentors and practice teachers gave us examples of situations where they had participated in action plans for individual students, in partnership with the liaison lecturer and where successful outcomes were achieved. They report receiving timely, appropriate and effective support from the liaison lecturers, personal tutors and PEFs to address their concerns (127, 130-140).

Concerns and action plans are recorded in the student's portfolio/practice assessment tool (PAT) and shared as part of the ongoing achievement record (OAR) (129, 131-134, 137-142, 144-145).

We conclude that practice placement providers have a good understanding of, and implement, university procedures to address issues of poor performance of students in practice to ensure protection of the public.

Outcome: Standard not met

Comments:

- Compensation is being applied between module assessment elements, as a result of changes to the university assessment regulations since the programme was approved. Action is required to ensure this NMC requirement is met.

6 February 2018: Follow up Documentary Evidence from University of West of Scotland. Standard now requires improvement

6 February 2018: A review of the action plan confirms that the NMC requirement is now met. We viewed the minutes of a university extraordinary programme board and copies of revised module and programme specifications, which provide assurance of the removal of compensation between module assessment elements in the midwifery and SCPHN HV programmes. The module and programme specifications make clear that the standard pass mark for each element of assessment is applied. The board minutes provide assurance that this change to assessment requirements has been subject to approval through the university internal quality and governance procedures. The NMC requirement is now met.

Evidence included:

- UWS SHNM extraordinary meeting of the combined midwifery and community board, minutes, 5 December 2017
- UWS module specification NURS11098; safeguarding children, enabling families, modified 27 November 2017, January 2018
- UWS module specification MIDW09030; autonomous practice, level nine, version six, modified 6 December2017
- UWS module specification: effective autonomous practice, level 11, modified 6 December 2017
- UWS programme specification MSc midwifery 2017-18, amended and ratification pending, 13 December 2017
- UWS programme specification BSc midwifery 2017-18, amended and ratification pending, 13 December 2017
- UWS programme specification postgraduate diploma SCPHN HV, version seven, 12 October 2017, amended and ratification pending, November 2017
- UWS NMC monitoring visit outcomes debrief meeting minutes, 19 December 2017
- SCPHN HV students' self-declaration of good health and good character at the end of the programme are not undertaken. A process must be put in place that ensures students complete a self-declaration of good health and good character at the start and at the end of the programme.
- Confirmation of health and character checks carried out by the employer for SCPHN HV students should be formally recorded.

12 December 2017: A review of progress against the action plan provides evidence that this requirement is now met and the risk is controlled.

We viewed correspondence between the university and SCPHN HV leads and clinical managers from NHS health boards which provided evidence of a consultation process to introduce a new university policy for the confirming and recording of good health and character checks in the SCPHN HV programme. Consultation with NHS health boards provides assurance that the new process has been developed in partnership to ensure its effective implementation.

Details of the process and associated declaration forms we viewed provide evidence that good health and good character and criminal record checks for SCPHN HV students are completed and recorded at the beginning of the programme. The students are also required to complete a good health and good character declaration on completion of the programme prior to entry to part three of the NMC register.

We viewed minutes of a university extraordinary board and a revised SCPHN HV programme specification which provide assurance that the approval of the new process and public facing revised programme documentation has been subject to

internal quality and governance procedures. The NMC requirements are now met.

Evidence included:

- UWS SHNM extraordinary meeting of the combined midwifery and community board minutes, 5 December 2017
- UWS programme specification postgraduate diploma SCPHN HV, version seven, 12 October 2017, amended and ratification pending, November 2017
- Emails between SCPHN HV programme leader and NHS health board SCPHN HV leads, and clinical managers responses to the proposed UWS good health and good character process, November 2017, various dates
- UWS SHNM good health and good character declaration process including declaration forms for SCPHN HV programme, undated

- Service users should be involved in the selection process for SCPHN HV students.
- The mechanisms for recording that practitioners and service users have completed equality and diversity training prior to participating in selection processes for pre-registration midwifery and SCPHN HV students should be established.
- There is no evidence of involvement of the external examiner in the scrutiny of RPL claims. The external examiner should review RPL claims and this should be written into the RPL policy to strengthen the risk control and ensure public protection.

The key risk admissions and progression is now graded requires improvement to reflect the outstanding areas for improvement identified above.

Areas for future monitoring:

- Health and character checks on admission and completion of the SCPHN HV programme.
- Adherence to the NMC standards for progression.
- Service users are involved in student selection in the SCPHN HV programme.
- Equality and diversity checks are recorded for practitioners and service users involved in student selection interviews.
- External examiners have oversight of RPL claims in the SCPHN HV programme.

Findings against key risks

Key risk 3 - Practice Learning **3.1 Inadequate governance of, and in, practice learning** **3.2 Programme providers fail to provide learning opportunities of suitable quality for students** **3.3 Assurance and confirmation of student achievement is unreliable or invalid**
Risk indicator 3.1.1 - evidence of effective partnerships between education and service providers at all levels, including partnerships with multiple education institutions who use the same practice placement locations
What we found before the event
The school has a partnership engagement strategy with an emphasis on flows of communication to maximise effective partnership working. Two partnership groups enable formal engagement at strategic and operational level, the practice education partnership forum (PEPF) with NHS health boards representation and the practice liaison communication forum (PLCF) with PEFs respectively (59-61, 75, 110). The school has access to all partner NHS health boards' practice governance reports and policies and procedures. The shared placement protocol underpins partnership working with practice placement providers and with other AEIs who share the same placements (54-55, 73-74). Placement agreements are in place with all five NHS health boards that provide placements. The collaboration with AEIs across the West of Scotland and NHS Education Scotland (NES), including data sharing, ensure consistent approaches to ensuring a safe and supportive practice learning environment, including raising and escalating concerns (16, 53, 55, 72, 109). There is a clear process detailed in student documentation for raising and escalating concerns in practice learning settings, including support provided by academic and practice staff. Guidance produced in collaboration between AEIs and NHS health boards includes a pocket guide for students and differentiates between concerns about care and concerns about aspects of the placement (16-18, 91, 94-95).
What we found at the event
We found effective partnership working at strategic and operational level between the university, NHS health boards and practice placement providers and this was confirmed by all stakeholders we met. Directors of nursing/chief midwives and strategic leads for health visiting described the partnership with the university as open

and honest, and confirmed clinical governance and risk issues that may impact on service user or student safety are shared (59-61, 116, 120, 130-142, 146).

Formalised systems are in place to provide appropriate placement, mentor and practice teacher capacity and a variety of practice learning experiences to enable students to meet their programme outcomes. Students confirm that they have good quality placements with supportive practice teachers and mentors. PEFs told us that they are in regular attendance at the practice liaison communication forum (55, 59-61, 73-74, 81-84, 109, 126, 129, 131-134, 137-140).

Practice placement providers work proactively with the university to communicate and control risks collaboratively to protect students and service users and carers. They work to ensure students are well supported in practice learning environments; public protection remains the highest priority. We heard and saw evidence of joint action planning with relevant practice placement providers and serious concerns are exceptionally reported to the NMC (11, 58, 116, 120, 131, 133-134, 146).

Students are aware of the raising and escalating concerns process and advice and support available. They are confident about using the processes if they identify poor care in the practice learning setting, Concerns are followed up by the PEF and liaison lecturer. Students report that this has resulted in appropriate action being taken to protect the public and improve the quality of the learning experience. The provision to students of a pocket-sized booklet on raising and escalating concerns is seen by students as very helpful while in practice settings (17, 54-55, 72, 83-84, 128-129).

Biennial educational audits are undertaken in partnership with practice placement providers. Educational audits undertaken by other AEIs sharing the same placements are made available as part of the shared placement protocol agreements. Employers we met in shared placement areas confirm a good working relationship with the AEIs (45, 56-57, 61, 72-73, 109, 126, 142).

We saw evidence of up to date, completed educational audits for each practice placement we visited and are assured the audit questions conform to NMC requirements. The audits record the number and type of students that can be hosted in each placement area. We found no outstanding action plans (126, 132-133, 137-142).

We conclude there are robust and effective partnerships between the university and practice placement providers, including other universities that share the same placements to manage and control risks.

Risk indicator 3.2.1 - practitioners and service users and carers are involved in programme development and delivery

What we found before the event

The school has a service user engagement group with clear terms of reference and a plan to further develop their engagement in programme development and delivery. The annual self-assessment reports for 2015 and 2016 highlight the need for this ongoing development. Under the direction and confirmation of mentors/practice teachers, service user/carer feedback is captured in the student's OAR (10-11, 24-25, 91, 94-95).
What we found at the event
Service users contribute to the assessment of the achievement of competence through providing feedback to the student (92-95, 128-129, 144, 154). Mentors gain consent for participation from service users prior to obtaining this feedback and this was confirmed by service users we met (128-129, 133, 135, 137-142, 158-159). The midwifery and health visiting service users and carers we met all reported that they were fully informed of the student's role in their care and their right to decline care by a student (132-133, 135, 137-142, 155, 158-159). Practitioner representation is evident at programme management team meetings for the SCPHN HV and pre-registration midwifery programmes. However, we found no evidence that service users or carers were represented (11, 19, 122, 127, 129, 131, 134-135, 143). This requires improvement. A new service user carer strategy is in place but this does routinely report on outputs and this requires improvement. The school have recently agreed a service user and carer engagement action plan for 2017-19 and there is evidence that this plan is now being implemented across the school and will provide a format for the routine reporting of outputs (122, 151-152). SCPHN HV We found the engagement of service users and carers in programme delivery is currently limited in scope and variety, with the majority of engagement examples being drawn from guest speakers with one example given as breastfeeding. We were told by the programme team, practice teachers and students that practitioners are involved in the delivery of the programme (122, 135, 137-142). Pre-registration midwifery We found users of maternity services are involved in programme development and delivery in a variety of ways including video biographies, student conferences and written feedback to students within their practice assessment documentation (113, 121-122, 128-129, 153-154, 158). Service users are sourced directly by the programme team from a range of organisations, including the stillbirth and neonatal death society and representatives from gender based violence and deaf-blind groups. Service user input into the

programme was confirmed by the students we met and in timetables and resources we sampled (113, 121-122, 127, 129, 143, 154). Practice placement providers' staff we met confirmed practitioners contribute to programme development and delivery and action is promptly taken by the LME and programme team to address their suggestions, for example incorporating operating theatre experience into the practice learning available to students. Detailed examination of the newborn is delivered in the programme in collaboration with neonatal clinical staff (89-90, 120, 127, 129-131, 133-134, 143). We conclude from our findings that practitioners and service users are involved in programme development and delivery. However, service users and carers are not routinely engaged in the programme management teams for the SCPHN HV and pre-registration midwifery programmes. A new service user carer strategy is in place but this did not routinely report on outputs. These require improvement.
Risk indicator 3.2.2 - AEI staff support students in practice placement settings
What we found before the event
The school supports academic staff engaging with practice placements settings primarily through the liaison lecturer role. The quality standards for this role have recently been reviewed. The role involves providing support to students during practice learning experiences including when concerns are raised and promoting effective partnership working between education and practice. The liaison lecturer plays a key role in engaging with the PEF in the implementation and maintenance of the standards required in the practice learning environment and acts as the academic contact for the student (35, 45-47, 66). The responsibilities of the liaison lecturer in supporting students in practice and engaging as a moderator in the final practice assessment as part of a tripartite approach is specified in the practice assessment documentation (91-95).
What we found at the event
Students, practice teachers, mentors and managers we met all told us of the robust support provided by the university staff in practice. They confirm the liaison lecturers are visible and the role is effective. They know who their liaison lecturer is and how to contact them, and reported receiving regular contact and visits. Academic staff confirmed they have sufficient time to undertake the role (45, 127-129, 131-132, 134-135, 137-142). Students gave examples of the ways in which university staff support them in practice settings. We viewed evidence of the liaison lecturer contributing to the documented

action plans in the student's practice assessment documentation (45, 92, 127, 129, 131-134, 144). Students, mentors and practice teachers also reported that personal tutors are accessible and the role is clearly understood (137-142). Our findings conclude that there is robust support for students, mentors and practice teachers by academic staff in practice placement settings.
Risk indicator 3.3.1 - evidence that mentors/sign-off mentors/practice teachers are appropriately prepared for their role in assessing practice
What we found before the event
There are well-established NMC approved mentor and practice teacher preparation programmes, successful completion of which enables recording on the practice placement provider mentor/practice teacher register. A midwifery lecturer links with the mentor preparation programme team (66, 77). A handbook and guidance in practice assessment documentation supports mentor/sign-off mentors and practice teachers in assessing and grading students (91-93).
What we found at the event
Mentors and practice teachers we met, reported that they are effectively prepared to undertake their role in supporting student learning and assessment in practice. They were supported to develop as mentors/practice teachers by being given protected time to complete the NMC approved mentor/practice teacher preparation programme, and this was confirmed by managers we met (46, 79, 130-134, 137-142). We viewed the online practice teacher programme which provides a multi-professional community for practice teacher students to develop their educational practice. Practice teachers for community programmes are prepared for supporting and assessing students at master's level through critical writing and teaching sessions offered on a six-monthly basis. They also have access to a range of supplementary resources via the Moodle virtual learning environment (VLE) (124, 136, 150). Sign-off mentors and practice teachers told us that they act with due regard. They demonstrate a sound working knowledge of the PATs and documentation to monitor and assess students' progress and achievement and their responsibilities at progression points and programme completion. This was confirmed by students that we met and completed student profiles we sampled (91-95, 129, 132-133, 137-142, 144, 154).

Delivery of mentor/practice teacher updates are a collaborative activity between the university and practice placement providers and are delivered face-to-face or are available online (45, 114, 123, 125, 133). Mentors told us that annual updates for midwifery sign-off mentors are undertaken alongside non-midwifery mentors. Midwifery specific mentor/sign-off preparation and updating is undertaken where necessary with midwife PEFs and liaison lecturers to ensure opportunities to discuss grading of practice and other assessment issues (79, 125, 131-134). Practice teacher update days are provided at least twice a year and these are well attended. The content of the updates enables practice teachers to consider through discussion the reliability and validity of assessment issues and judgements. We viewed the practice teacher 'open space', which is a comprehensive online site with resources and information available and is an effective resource for existing practice teachers (124, 148). We conclude practice teachers and mentors are appropriately prepared for their role in assessing students in practice.
Risk indicator 3.3.2 - systems are in place to ensure only appropriate and adequately prepared mentors/sign-off mentors/practice teachers are assigned to students
What we found before the event
There is a collaborative approach to recording and monitoring the availability of appropriately prepared mentors and practice teachers when allocating students. A live password protected mentor register is held and maintained by NHS practice placement providers, including processes to remove inactive mentor/practice teachers (55, 77). PEFs and mentor/practice teacher co-ordinators review the live register prior to the allocation of students to practice placements (62, 77, 80). These current processes are in transition since the introduction in September 2016 of the new placements management system InPlace and the quality management of practice learning environment systems (QMPLE) (10, 66, 82).
What we found at the event
The InPlace system used by the university manages the allocation of students to practice placements. The university has successfully increased placement capacity through strong relationships with PEFs across the practice placement providers and are currently able to meet the placements' demand. Health service managers and the university placement learning team told us that changes to service configuration and developments are effectively communicated by practice placement providers and are

planned for through established partnership mechanisms with the university (75, 82, 126, 132-133, 142).

We found that each NHS health board has a secure mentor register system and a process in place to ensure data integrity is maintained by the PEFs, and the registers are accurate and up to date prior to allocating students to sign-off mentors/practice teachers. The PEFs communicate changes in the register to managers, including alerts when mentors/practice teachers are out of date or due for their triennial review (77, 130-134, 140).

We conducted checks of mentor/practice teacher registers for accuracy and off-duty rosters in placement areas we visited to ensure mentors and practice teachers allocated to students were 'active' on the register. We found the registers of practice teachers in all NHS health boards visited are accurate and up to date. Practice teachers designated as 'active' and allocated to student health visitors had completed annual updates and a triennial review (137-142).

We found the mentor register for midwifery sign-off mentors in one NHS health board was inaccurate. One sign-off mentor on the active part of the register was out of date and we found one sign-off mentor allocated to a third-year student who was not recorded as 'active' on the register. The school took immediate action to ensure the student is appropriately supported and assessed by a suitably qualified and active sign-off mentor (84, 130-134).

We cannot be assured that robust systems are in place to ensure mentors registers are accurate and students are only allocated to appropriately and adequately prepared mentors. The risks are not controlled. The standard is not met and requires urgent action to protect the public.

Outcome: Standard not met

Comments:

- The register for midwifery sign-off mentors in one NHS health board was inaccurate and not up to date. The university must ensure that a robust process is put in place for the maintenance of accurate and up to date recording in the mentor register to meet NMC requirements.

6 February 2018: Follow up Documentary Evidence from University of West of Scotland. Standard now requires improvement

6 February 2018: A review of the action plan and evidence confirms that the NMC requirement is now met.

We viewed the revised terms of reference, standard agenda and partnership communication flow for the operational practice learning forum which provides assurance that the accuracy of the mentor register is monitored and any actions required are addressed.

We viewed a screenshot of the mentor register in the relevant NHS health board on 3 December 2017 and found the register was accurate and up to date. The NMC requirement is met.

Evidence included:

- Screenshot NHS Lanarkshire mentor register, community midwifery, Clydesdale locality, 28 November 2017
- UWS operational practice learning forum, terms of reference, standard agenda and partnership communication flowchart 2018-2023, 5 February 2018
- A midwifery sign-off mentor was allocated to a student who was not 'active' on the mentor register in one NHS health board. The school took immediate action to ensure the student was appropriately supported and assessed by a suitably qualified sign-off mentor. However, the system of allocating students to midwifery sign-off mentors is not consistently reliable. The school must ensure a robust process is put in place as a matter of urgency to ensure students are allocated up to date sign-off mentors prior to proceeding to their next placement to assure public protection.

6 February 2018: A review of the action plan and evidence confirms that the NMC requirement is now met.

Immediate action was taken by the university on 3 December 2017 to change the mentor status to 'deactivated'. We viewed a screenshot of the mentor register in the relevant NHS health board and confirmed the mentor is no longer on the active part of the database.

We viewed correspondence between the NHS health board and the AEI which provides assurance the mentor who was not recorded as active on the database will not have any students allocated until their triennial review is completed and they are deemed active on the mentor register. The team leader's instigation of a personal action plan with the deactivated mentor to achieve active mentor status provides assurance of manager support to achieve the SLAiP requirements.

We viewed screenshots and email correspondence of the QMPLE testing process currently in progress at UWS which is due to come on stream for UWS imminently. This system incorporates the allocation of sign-off mentors to midwifery students. The QMPLE screenshots provide assurance that the process of allocating a midwifery student to a sign-off mentor can only occur on the system if the sign-off mentor is recorded as active on the mentor register.

The revised terms of reference, standard agenda and partnership communication flow for the operational practice learning forum provide evidence that the effectiveness of the allocation of midwifery students to sign-off mentors through the QMPLE system is monitored and any actions required are addressed.

Evidence included:

- Email correspondence between the midwifery programme leader and NHS Lanarkshire, Clydesdale locality, community midwives team leader regarding updating out of date mentor, 27-28 November 2017
- QMPLE screenshots and email correspondence of sign-off mentor allocation to midwifery student process, test site, undated
- InPlace screenshot of SCPH-HV students and email correspondence confirming SCPHN HV data will be transferred to QMPLE, 5 February 2018
- Email correspondence between the midwifery programme leader and NHS Lanarkshire, Clydesdale locality, community midwives team leader regarding updating out of date mentor, 27-28 November 2017
- UWS operational practice learning forum, terms of reference, standard agenda and partnership communication flowchart 2018-2023, 5 February 2018

- Service users and carers are not routinely engaged in the programme management teams for the SCPHN HV and pre-registration midwifery programmes. The university should embed service users and carers in the management of the SCPHN HV and pre-registration midwifery programmes.
- A new service user carer strategy is in place but this did not routinely report on outputs. The university should seek to appropriately locate the outputs of the service user carer strategy into the school governance structure.

The practice learning outcome is now graded requires improvement to reflect the outstanding areas for improvement identified above.

Areas for future monitoring:

- Midwifery sign-off mentor registers are accurate and up to date.
- Midwifery students are allocated to up to date sign-off mentors.
- Service users/carers are involved in the programme management teams for SCPHN HV and pre-registration midwifery.
- Routine reports on outputs of the service user/carer strategy are established.

Findings against key risks

Key risk 4 - Fitness for Practice

4.1 Approved programmes fail to address all required learning outcomes in accordance with NMC standards

4.2 Audited practice placements fail to address all required practice learning outcomes in accordance with NMC standards

Risk indicator 4.1.1 - students' achievement of all NMC learning outcomes, competencies and proficiencies at progression points and/or entry to the register (and for all programmes that the NMC sets standards for) is confirmed through documentary evidence
What we found before the event
The postgraduate diploma SCPHN HV programme is offered on a full and part time basis. The programme is delivered over 52 weeks full time and 104 weeks part time and the consolidation of practice requirement is incorporated into the final trimester (85, 88, 91). The pre-registration midwifery programme is offered at undergraduate and postgraduate level. Circumstances for interruption and return to the programme are detailed (86-90, 92-95) There is a school effective learning team which support students in engaging with the diverse range of learning and teaching approaches, including, online learning. Students are prepared at programme induction to access learning materials and manage and engage with online learning through the Moodle VLE. Inter-professional learning with other relevant professional groups occurs in each trimester of the programmes (52, 86-88, 91). Progression points and requirements for achievement in theory and practice are clearly stated in programme documentation. Generic fall-back awards without eligibility for NMC registration for students who leave or fail any component of the programmes are clearly stated (85-87, 89-91).
What we found at the event
Students we met told us they are provided with comprehensive information about their programme to support their learning and assessment and any additional support needs they may require (128-129, 137-142). Attendance requirements in theory and practice are made clear to students. Concerns about a student's attendance that impacts on performance and conduct is referred to FtP (86-87, 118, 127-129, 135, 137-142). There is electronic monitoring of scheduled academic elements of the programme and a system of email alerts to the students to raise concerns about their module attendance. We viewed evidence of students meeting the learning outcomes of teaching sessions they had missed (35-38, 85-87, 91-92, 145). The university programme quality monitoring and review mechanisms, both internal and external, ensure the ongoing effectiveness and enhancement of learning, teaching and assessment strategies (63, 81, 96, 99-100, 117).

SCPHN HV

Students report they are satisfied the programme enables them to meet their outcomes and prepares them for SCPHN HV practice (63, 137-142).

The programme learning, teaching and assessment strategy is based upon the university education enabling plan using a blend of online and campus based learning. Students told us the blended learning and teaching strategy suits differing learning needs. Support is sound and feedback is available for both face-to-face and online learning and assessment. Teachers and students confirm that there are opportunities for shared online learning with students from other community programmes in the school through an online student cafe, other asynchronous online forums and activities which are generally well used (135, 137-142).

Mandatory training is undertaken either face-to-face or online, and monitored by the employing NHS health board. We were told by students and academic staff that some simulation including one OSCE is used as an approach for skills based learning and assessment, for example to teach breastfeeding support, which students found helpful and promoted values based care (10, 67, 135, 137-138, 142).

Students we met told us the programme is challenging with a variety of assessments but this prepares them well for health visiting practice. Reflective writing and practice is developed through the practice portfolio with an emphasis on integration of theory and practice (91, 137-141).

The portfolio/OAR provides a mechanism for the recording of different practice learning experiences, recording of practice hours, student reflections on practice, recording of feedback from service users, and the achievement of proficiencies. We were told by academic staff and practice teachers that student health visitors are not signed-off by the practice teacher to progress to the consolidation period until any outstanding practice hours have been made up. We viewed a sample of the OARs, including a full profile of a completed student from the programme. We found that students' achievement of all NMC learning outcomes and proficiencies are confirmed prior to entry to part three of the NMC register (92-95, 135, 137-142, 144).

Academic staff confirmed the support available for students with particular needs. One student we met outlined the flexible individualised support that has been offered both by the university and employer to support a learning difficulty and develop academic skills (135, 142).

Pre-registration midwifery

Learning, teaching and assessment strategies facilitate the integration of theory and practice. Students are able to develop their care skills through simulated practice techniques and the online system Kuracloud. Students report the scenarios used promote values based care, dignity, courtesy and respect. They told us how the facility for recording their performances in scenario-based simulated learning environments is challenging and beneficial to their learning and professional development. Students report they receive effective support sessions in the use of the VLE Moodle (67, 83, 86-87, 127-129, 131-134, 144).

Students told us that there is a wide variety of assessments that help them to learn, including graded peer assessment. They value the 'feedback and be' reflective skills (FAB) days providing them with the opportunity to receive feedback and academic guidance for their module assessments in a more timely and detailed way. Personal tutors provide feedback regarding their overall progress on the programme (99-100, 127-129). Mentors, managers and academic staff told us students are adequately prepared for practice placements through mandatory training. Completion of the training is tracked by the university to ensure the protection of the public and maintain the safety of the student on placement (83, 127-129, 130-134). Students we met understand the NMC and EU directive requirements and the need to make up any shortfall in clinical competencies and programme hours prior to completion on the programme (128-129, 133). We viewed a sample of the PATs of current pre-registration midwifery students and the profile of a student who had completed the programme. We found that students' achievement of all NMC learning outcomes, competencies and the requirements of the EU directive are confirmed at progression points and at entry to the register (126-127, 154). Our findings conclude that students are supported to achieve all NMC learning outcomes and competencies/proficiencies at progression points and at the end of their programmes for entry to the register.
Risk indicator 4.2.1 - students' achievement of all NMC learning outcomes, competencies and proficiencies at progression points and/or entry to the register (and for all programmes that the NMC sets standards for) is confirmed through documentary evidence
What we found before the event
A range of practice placements are available to students and tracked via the InPlace allocations system. The requirement for students to spend 40 percent of the time in practice under the direction of their mentor/practice teacher is explicit in the programme documentation (66, 82-83, 85-87, 91). SCPHN HV Practice assessment comprises pass/fail of proficiencies combined with a reflective account which is graded. Both components must be passed in order to progress. Opportunities to re-attempt failed elements of the practice requirement are available and will extend the student's programme (85, 91). Pre-registration midwifery The national PAT and the OAR guides and records practice learning and assessment.

Midwifery practice is graded in each of the three practice modules across the programme using Bondy's criterion referenced rating scale education tool in conjunction with the relevant Scottish certificate and qualifications framework (SCQF) levels. The grading of practice contributes to the final award. Progression is tracked using the OAR. (86-87, 92-93).
What we found at the event
Students told us they feel well prepared by the university for their practice placements, and mentors/practice teachers facilitate and support them to meet the practice learning competencies and proficiencies. They confirmed they understand the requirement to fully engage in the wide variety of practice learning opportunities made available to them (128-129, 132-133, 142). Directors of nursing, strategic leads for health visiting, the school dean and LME confirmed that they are informed of any significant concerns about students and are assured these are effectively managed to ensure students are fit for practice on programme completion (116, 120, 130, 146). SCPHN HV Students told us within the variety of learning opportunities in practice they spend 15 days exploring public health practice in other areas related to their health visiting (137-142). Practice teachers understand and are confident in the use of the practice portfolio and OAR. They understand their accountability for the final judgement of student achievement in meeting NMC proficiencies following the period of consolidation (91, 137-142, 144). We found service users enthusiastic in praising the quality of health visiting practice they receive, both from their named health visitors and the SCPHN HV students who are involved in the delivery of the service. Practice teachers, managers and strategic leads for health visiting, confirm on completion of the programme students perform at the expected level required of the newly qualified health visitor and are fit for practice (63, 120, 137-142). Pre-registration midwifery Mentors told us there is effective support and learning opportunities in practice to enable the students to meet NMC competencies and outcomes. Students reported that they are supported and able to achieve the essential skills clusters and EU directive requirements. They confirmed they are experiencing 24 hours, seven days a week care patterns and hold their own midwifery caseload in the third-year of their programme (128-129, 131-134, 144). We viewed a sample of the students' PAT documentation which demonstrated effective use by mentors to evidence student progression and achievement. Student feedback from mentors in the PATs enables development and judgements through

the grading of practice (131-134, 144, 154). Employers, managers and mentors confirm that students exiting the midwifery programmes are able to practise safely and effectively, and managers welcome the opportunity to consider them for employment in their areas due to their high calibre (96, 120, 130-134). We conclude that the pre-registration midwifery students and SCPHN HV students are supported in audited practice placements to achieve all practice learning outcomes and competencies/proficiencies at progression points and for entry to the NMC register.
Outcome: Standard met
Comments: No further comments
Areas for future monitoring: None identified

Findings against key risks
Key risk 5 - Quality Assurance **5.1 Programme providers' internal QA systems fail to provide assurance against NMC standards**
Risk indicator 5.1.1 - student feedback and evaluation/programme evaluation and improvement systems address weakness and enhance delivery
What we found before the event
The university acts on evidence based good practice reports from NES and the results and recommendations from quality reviews undertaken by NES, internal module and programme reports, external examiners and external programme and student surveys (48, 63, 69-70, 96-97, 103-104). Programme related performance data and action planning is captured as part of the annual programme monitoring cycle and shared with stakeholders at programme boards and partnership forums (75, 98-101, 104). Student evaluation of the theoretical elements of the programme are captured in the

module review reports and shared with stakeholders at programme boards. However, response rates are low (49, 66, 97, 99-101). There is a clear policy for the appointment of external examiners (71). Students across both programmes being reviewed are made aware of the role of the external examiner (85-87).
What we found at the event
We found the university has a comprehensive range of internal quality systems in place for the development and enhancement of the programmes (63, 99-101, 117, 119-120, 126). We confirm that there are a range of channels through which students can feedback about their academic and practice learning experience. The university seeks student feedback online, following every academic module and practice placement in a consistent manner. However, the level of student engagement is variable. We were informed that the school is reverting to a paper based module evaluation system to address this. It is anticipated that the introduction of the new NES QMPLE system in the forthcoming months will further standardise the collection and dissemination of practice placement feedback (117, 119, 126-128, 131-135, 137-142, 146). There is a clear system for student representation in the design, development and review of programmes with opportunities for involvement in a variety of school forums, and boards. There are student/staff liaison groups enabling the student voice to be heard and students we met confirmed this (40-41, 85-87, 98, 117, 128-129, 137-140). NMC annual self-assessment reports are completed. The university follows up and concludes any previous issues from programme approvals, monitoring reviews and potential risks to meet ongoing AEI status requirements (7-12, 150). We found the external examiners for the programmes act with due regard and hold NMC current registration and a recorded teacher qualification. The school monitors the currency of their NMC registration and revalidation date (111, 117, 157). SCPHN HV Students told us that they are regularly offered the opportunity to formally evaluate the module and practice experiences and the overall programme but confirmed that some students do not engage with the formal evaluation processes. We found the engagement with module evaluation varies significantly and the programme team are proactive in trying to address this by collecting feedback at the midpoint of each theory module. The students are confident that if they raise any issues the programme team are accessible, supportive and responsive. Academic staff, students and practice teachers gave a recent example of the responsiveness of the programme team to student feedback by lengthening the consolidation period to allow more study time to be integrated (135, 137-142).

The university however was unable to provide evidence of consistently engaging students in the evaluation of practice learning placements and this aspect requires improvement to fully enable continuous improvement of practice learning in the programme (117, 126, 135, 140),

We found issues raised in external examiner reports are actioned promptly by the programme team. However, we found the external examiner only addresses the quality of the university based learning of the programme. This requires improvement to ensure the quality of the practice based learning receives the same degree of scrutiny. We found the external examiner has been offered the opportunity to visit practice teachers and SCPHN HV students in practice although this has not yet been enacted (105-107, 115, 135).

Pre-registration midwifery

Student feedback on the programme contributes effectively to programme development and enhancement. The students reported that the programme team are responsive to their feedback and that the team keep students informed on actions taken in relation to module, programme and national student survey (NSS) evaluations. They gave examples of changes to aspects of the programme made by the academic team following their feedback. The programme team told us that module and programme evaluation data is discussed at programme board meetings which are attended by practice managers or their representatives. Managers and mentors told us that they felt they were enabled to contribute to programme enhancement through their feedback and partnership working with the university staff (49, 98, 103, 127, 129-131, 133-134).

We found external examiners engage with theory and practice elements of the programme including reporting on the quality of theory and practice learning and achievement of students. The programme team respond effectively to issues and suggestions from external examiners (99, 105).

Our findings conclude that there are effective internal QA processes in place to manage risks to public protection. However, further enhancement of the university's systems and processes is required to ensure the SCPHN HV student experience of practice learning is consistently evaluated and enables feedback to practice placement providers. This requires improvement.

We also found that external examiners do not routinely report on the quality of practice based learning in the SCPHN HV programme and this requires improvement to enable enhancements to practice learning and assessment.

Risk indicator 5.1.2 - concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners

What we found before the event

The university complaints procedure is supported by guides for staff and students and is signposted in programme handbooks, and the process includes an emphasis on early resolution (68, 85-87).

Online practice learning environment (PLE) evaluations are completed by students. However, the response rates are low. Link lecturers collate and distribute feedback summaries from the online student evaluation of practice experience (66, 102).

The practice evaluation system is currently in transition following the introduction of the new NES QMPLE system. It is anticipated response rates will improve as a result of this new system combined with current collaborative partnership activity of raising the profile and importance of completing the evaluations (10, 66).

What we found at the event

The university operates separate systems for the raising and escalating of concerns and for making formal complaints to the university, which operates a standardised complaints handling procedure. An annual report is completed in the school. Any concerns raised by students and subsequent outcomes are logged in the student record system (16-18, 68, 117, 119).

We found there had been one recent formal complaint from a midwifery student on exiting the programme. We viewed the full records of the complaint which evidenced that due process had been followed and appropriate responses made back to the complainant (50, 156).

We found concerns and complaints raised in practice settings are managed effectively and outcomes communicated to stakeholders through internal governance and QA mechanisms in a timely manner to ensure their resolution (10, 99-100, 104, 120, 132-134, 137-142).

Students told us they are made aware of the placement concerns process and the support and guidance available at university, practice placement induction and in their programme documentation. This was confirmed by academic and practice staff we met who understand the correct handling and investigation of concerns and complaints. Practice teachers and mentors are reminded of the process through practice teacher and mentor updates (17, 68, 128, 137-142).

Students, practice teachers and sign-off mentors told us of the communication and reporting process to follow if there are issues of concern around practice placement experience. Mentors and managers told us that timely and appropriate action plans are put in place around any complaints raised by students in practice learning settings. Students and managers told us that they receive feedback from the academic team following any concerns being raised by students in practice learning settings. Directors of nursing, chief midwives and strategic leads for health visiting confirmed the two-way open and transparent communication with the university when concerns are escalated (116, 120, 126-127, 131-134, 142).

We found that feedback from students' practice evaluation on the pre-registration midwifery programme to staff in practice settings is timely following each placement, and this was confirmed by PEFs, mentors and managers although student completion rates are low. The programme team are working with the school to ensure a greater volume of placement evaluation data is gathered and disseminated to stakeholders (75, 102, 126-127, 132-134).

Practice teachers confirm that findings from SCPHN HV student practice evaluations are discussed at practice teacher meetings however, they do not receive formal evaluations or any linked action plans from the university (126, 135, 137-142). This requires improvement to enable continuous quality improvement to take place.

We found that practice placement providers do not receive timely evaluations of external examiners' engagement and reports on the quality and assessment of practice learning (127, 130, 132-133, 135, 137-142). This requires improvement to ensure that practice placement providers are supported and, in partnership with the university, assured of the quality and reliability, consistency and validity of practice learning and assessments.

We conclude that concerns and complaints raised in practice settings are responded to effectively through partnership working by the university and practice placement providers. However, we found the systems and processes require improvement as follows; practice placement providers should receive routine and timely feedback of students' evaluation of practice learning for the SCPHN HV programme; practice placement providers should receive evaluations of external examiners' engagement and reports on the quality and assessment of practice learning.

Outcome: Standard requires improvement

Comments:

- SCPHN HV students do not engage with the online practice learning evaluation system. A formal alternative system should be introduced to capture and disseminate this feedback.
- Practice placement providers for the SCPHN HV programme do not receive feedback about students' evaluations of practice beyond informal feedback to practice teachers. A formal process should be introduced that includes wider dissemination and follow up on action plans as appropriate.
- The quality of practice learning is not evident in external examiner reports for the SCPHN HV programme. Expectations and requirements for this to be addressed in the reports should be made clear in the role and requirements for external examiners.
- Practice placement providers for the SCPHN HV and pre-registration midwifery programmes do not receive feedback about external examiner evaluation and reporting of engagement with students and mentors about practice learning and assessment. A review of existing partnership communication systems and processes where this feedback can be incorporated should be considered.

Areas for future monitoring:

- Student evaluations of practice learning are captured formally in the SCPHN HV programme and practice

placement providers receive this feedback.

- External examiners routinely report on the quality of practice learning in the SCPHN HV programme.
- Practice placement providers for the SCPHN HV and pre-registration midwifery programmes receive feedback about external examiner reporting of the quality of practice based learning and assessment.

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94. UWS SHNM MSc midwifery OAR, 2017

95. UWS SHNM BSc midwifery OAR, 2017

96. NES performance management survey report 2016-17, 2017

97. SHNM trimester three, module evaluation questionnaire (MEQ) comparative results 2016-17, 5 October 2017; trimester two MEQ results, 11 May 2107; trimester one MEQ results, 8 February 2017

98. Nursing and midwifery, student staff liaison meetings minutes, 20 October 2016, 7 December 2016, 8 March 2017, 15 May 2017

99. UWS BSc midwifery programme monitoring report performance data, 2016-17, 2017

100. UWS MSc midwifery programme monitoring report 2016-17, 2017

101. UWS programme monitoring report 2017, SCPHN HV enhancement and monitoring 2017, session 2016-17

102. Practice placement evaluation; student online practice learning evaluation feedback, midwifery placements, various x12 from 2016 and 2017

103. BSc midwifery programme NSS results response, 5 September 2017

104. SHNM enhancing and annual monitoring event 2016/17, SMART targets and enhancement action plan, undated

105. UWS external examiner annual reports for pre-registration midwifery programme 2016-17, 22 and 28 August 2017, UWS external examiner annual report responses x2, 7 September 2017

106. UWS external examiner annual reports for community programmes 2016-17, 12 and 25 September 2017, UWS external examiner annual report response, 14 September 2017

107. UWS community programmes, progression and award board minutes, 7 June 2017, 29 August 2017)

108. Unconscious bias training, midwifery team 2015-17, SCHPN-HV team 2016-17

109. Memorandum of understanding between NHS Education for Scotland and UWS, quality management of the practice learning environment, 1 September 2016-31, August 2019

110. UWS communication flow; practice learning management, 2016-2021

111. NMC register accessed 2, 11, 13, 15 November 2017

112. UWS SHNM notes from additional subject panel 12-week rule for pre-registration level 7-11 adult and mental health nursing, midwifery, including SCPHN-HV, 8 November 2017

113. BSc/MSc midwifery programmes, videos of service users, March 2016

114. Mentorship update schedules, 2017 for NHS Greater Glasgow and Clyde, NHS Lanarkshire, NHS Highland and NHS Ayrshire and Arran

115. SHNM, SCPHN HV programme, in-module evaluation x5, various dates, 2016-2017

116. Meeting with school dean, 14 November 2017

117. Meeting with assistant dean education/quality, 14 November 2017

118. Meeting with SHNM lead for FtP; FtP report for 2017 to the school board, 10 November 2017

119. Meeting with SHNM SCPHN HV, BSc and MSc midwifery programme leaders, 14 and 15 November 2017

120. Teleconferences with the following;

- *chief nurse, strategic lead for health visiting, NHS Greater Glasgow and Clyde, 15 November 2017*
- *board nurse NHS Greater Glasgow and Clyde, 15 November 2017*
- *associate director strategic lead for health visiting, NHS Ayrshire and Arran, 15 November 2017*
- *director of nursing, midwifery and allied professions practice development, NHS Lanarkshire/UWS collaborative, 16 November 2017*

121.Teleconference with service user, 14 November 2017

122. Meeting with school lead for stakeholders and service users, 14 November 2017

123. Meeting with school mentorship lead, 14 November 2017

124. Meeting with school practice teacher lead, 15 November 2017

125. Meeting with midwifery link to mentorship programme, 15 November 2017

126. Meeting with practice learning team and practice education regional co-ordinator for QMPLE, 14 November 2017

127. Meeting with BSc and MSc midwifery programme teams, 14 November 2017

128. Meeting with students, years one and two BSc and MSc midwifery programme, 14 November 2017

129. Meeting with students, year three BSc and MSc midwifery programme, 14 November 2017

130. Meeting with NHS Highland, Lochgilphead community midwifery team and PEF, review of mentor register, 16 November 2017

131. Practice placement visit, review of educational audit, off duty and mentor register and meeting with mentors, head of midwifery, PEF; Queen Elizabeth maternity unit, labour ward, postnatal ward, high risk postnatal ward and antenatal ward, NHS Greater Glasgow and Clyde, 14 November 2017

132. Practice placement visit, review of educational audit, off duty and mentor register and meeting with mentors, head of midwifery, PEF; Clydesdale community midwifery team, Lanark, NHS Lanarkshire, 15 November 2017

133. Practice placement visit, review of educational audit, off duty and mentor register and meeting with mentors, head of midwifery, PEF; Wishaw general hospital maternity unit, NHS Lanarkshire, 15 November 2017

134. Practice placement visit, review of educational audit, off duty and mentor register and meeting with mentors, head of midwifery, PEF; Royal Alexandra maternity unit, labour ward, postnatal/antenatal wards, early pregnancy unit, midwifery lead birthing unit, Paisley, NHS Greater Glasgow and Clyde, 16 November 2017

135. Meeting with SCPHN HV programme team, 14 November 2017

136. Meeting with academic and professional lead, community, 14 November 2017

137. Practice placement visit, review of educational audit, off duty and mentor register and meetings with students, practice teachers, clinical manager, PEF; HV community team, East, NHS Ayrshire and Arran, 14 November 2017

138. Practice placement visit, review of educational audit, off duty and mentor register and meetings with students, practice teachers, clinical manager, PEF; HV community team, South, NHS Ayrshire and Arran, 14 November 2017

139. Practice placement visit, review of educational audit, off duty and mentor register and meetings with students, practice teachers, clinical manager, PEF; HV community team, North, NHS Lanarkshire, 15 November 2017

140. Practice placement visit, review of educational audit, off duty and mentor register and meetings with students, practice teachers, clinical manager, PEF; HV community team, South, NHS Lanarkshire, 15 November 2017

141 Teleconference/Skype with students, practice teachers, clinical manager, PEF; HV community team, and review of educational audit, NHS Dumfries and Galloway, 15 November 2017

142. Practice placement visit, review of educational audit, off duty and mentor register and meetings with students, practice teachers, clinical manager, PEF; East Dunbartonshire community team, NHS Greater Glasgow and Clyde, 16 November 2017

143. UWS SHNM MSc, BSc midwifery and midwifery society timetables 2017-2018 accessed 15 November 2017

144. UWS SCHNM completed student profiles 2017, service user testimonials (undated) and PAT year two samples accessed 15 November 2017

145. UWS SCHNM samples of students' work to make up theory time accessed 15 November 2017

146. Meeting with UWE LME, 14, 15, 16 November 2017; LME role and activities, October 2017

147. Guidance for facilitator handbooks 2015-16 and practice teacher meeting schedules, various dates

148. Practice teacher updates, 4 October 2016, 21 March 2017, 24 October 2017

149. Email from South Ayrshire manager confirming practice teacher risk management strategy, 15 November 2017

150. Update information on recommendations from NMC approvals and modifications, 15 November 2017

151. Service user and carer engagement action plan 2017-19, October 2017

152. Standard letter templates for service user and carer involvement in recruitment and selection, undated

153. Selection package for midwifery admissions 2017/18

154. Completed midwifery practice assessment tools, September 2017

155. Teleconference with SCPHN HV service users, 16 November 2017

156. Complete record of student complaint handling process, concluded October 2017

157. SHNM extract from staff NMC registrations and revalidation database, and external examiner checks, viewed 16 November 2017

158. Meeting with service users and partners in practice, Queen Elizabeth university hospital maternity unit, NHS Greater Glasgow and Clyde, 14 November 2017

159. Meeting with service user and partner in practice, Royal Alexandra hospital maternity unit, NHS Greater Glasgow and Clyde, 16 November 2017

Personnel supporting programme monitoring
Prior to monitoring event
Date of initial visit: 24 Oct 2017
Meetings with:
UWS LME UWS programme leader MSc midwifery UWS programme leader BSc Midwifery UWS programme leader PGDip SCPHN HV UWS deputy practice learning and partnership lead
At monitoring event
Meetings with:
SHNM dean of school SHNM assistant dean education/quality SHNM lead for FtP SHNM LME SHNM programme leaders, pre-registration midwifery and SCPHN HV programmes Teleconferences with chief/directors of nursing, strategic leads for health visiting x4 NHS Highland, Lochgilphead community midwifery team and PEF

Meetings with:

Mentors / sign-off mentors	25
Practice teachers	6
Service users / Carers (in university)	1
Service users / Carers (in practice)	22
Practice Education Facilitator	8

Director / manager nursing	14
Director / manager midwifery	1
Education commissioners or equivalent	
Designated Medical Practitioners	
Other:	13 Senior charge midwives x10 Practice development midwife x1 Consultant midwife x1 NES senior educator and national lead for QMPLE x1

Meetings with students:

Student Type	**Number met**
Registered Midwife - 36M	Year 1: 5 Year 2: 6 Year 3: 11 Year 4: 0
Registered Specialist Comm Public Health Nursing - HV	Year 1: 15 Year 2: 2 Year 3: 0 Year 4: 0
	Year 1: 0 Year 2: 0 Year 3: 0 Year 4: 0

Protecting the public through quality assurance of nursing and midwifery education

NMC UK Wide Quality Assurance Framework

Evaluation of reviewer performance by managing reviewer or Mott MacDonald observer

Name of programme provider/LSA:	University of West of Scotland
LSA review / monitoring visit / Approval event date:	14 Nov 2017
Name of reviewer:	Mrs Sophia Hunt

Please comment and give a grade 1 to 4 on how well the reviewer achieved the following areas:

Key: 1 = Outstanding, 2 = Good, 3 = Satisfactory, 4 = Unsatisfactory

If you use grade 4 for any area, please ensure you provide commentary as this will help Mott MacDonald with planning and targeting professional development generally and for individuals.

The information you provide on this form will be fed back to the reviewer as well as enabling Mott MacDonald to monitor quality in order to maintain and improve on systems, processes and standards.

Demonstrated good knowledge of NMC rules, standards and requirements. 1 - Outstanding

Sophia demonstrated a high level of knowledge and understanding which she brought to the team and applied throughout the process

Used data provided in the programme provider's Requirements of approved education institutions and assuring the safety and effectiveness of practice learning (NMC 2013). (Only applicable to education QA). 2 - Good

Sophia had prepared well for the monitoring event and used the AEI requirements information as appropriate

Gathered, analysed and interpreted relevant evidence during the monitoring/approval / review process. 1 - Outstanding

Sophia excels in her ability to rapidly process information and interpret the evidence

Made judgements that were objective, fair and based securely on evidence. 1 - Outstanding

Sophia makes sound judgements which are always drawn from the evidence

Demonstrated understanding of the NMCs proportionate risk based approach to QA in line with the new QA framework. 1 - Outstanding

A high level of understanding of the risk based approach Sophia's ability to convey and apply proportionality is one of her key strengths

Established effective and professional working relationships with other team members 1 - Outstanding

An excellent team member, Sophia's high degree of professionalism is always maintained

Communicated clearly, convincingly and succinctly, both orally and in writing. 1 - Outstanding

Sophia's ability to grasp and convey the key issues in the complex and dynamic environment of a monitoring review is a key strength. She is supportive as part of a team and will challenge appropriately, to good effect

OVERALL PERFORMANCE (consider all aspects of performance to judge overall competence as a reviewer) 1 - Outstanding

A highly competent reviewer, Sophia's experience is evident which she always applies to very good effect

ANY OTHER COMMENTS (please include any major strengths areas for improvement or future training needs)

Sophia is a great asset to any monitoring review team

Protecting the public through quality assurance of nursing and midwifery education

NMC UK Wide Quality Assurance Framework

QA of reviewer report

Organisation	University of West of Scotland
Programmes Reviewed	Registered Midwife - 36M; Registered Specialist Comm Public Health Nursing - HV
Reviewer	Mrs Sophia Hunt
Reader	[redacted]
Date of Approval / Monitoring / LSA Review:	14 Nov 2017
Date of Reading	21 Nov 2017

Purpose: form is used to provide written feedback on the report following an approval event.

Purpose of the quality assurance activity is to ensure that:

- the work of reviewers is highly professional
- the report is fit for purpose i.e. suitable for its intended audience
- the report is of high quality

Key questions	Select	Comments
Is the report **clear?**	(•) Yes ( ) No	Sophia always writes a clear and easy to follow report with attention to detail.
Is the report **concise?**	(•) Yes ( ) No	Sophia captures the key issues whilst managing to convey the context and individuality of the AEI and partners.
Is the report **consistent?** Text and grades in the report form match.	(•) Yes ( ) No	The report is consistent throughout. The narrative supports the outcomes.
Is the report **correct?** Free from jargon.	(•) Yes ( ) No	

		Very much so. It is evident Sophia pitches her report style to a wide range of readers.
Is the report **convincing?**	◉ Yes ○ No	This is a particular strength of Sophia's report which reflects her grasp of the purpose and process of AEI monitoring.
Is there sufficient attention to each of the relevant rules / standards / key risks?	◉ Yes ○ No	Another key strength. Sophia's ability to apply and address each of the relevant standards and key risks to individual programmes is noteworthy.

Overall comment:

Sophia produces a high calibre report in it's own right and which significantly aids the MR is presenting the collated whole picture. It addresses all the key risks with supporting evidence.

Evidence Cover Sheet

Appendix three:
Date(s): 18 August 2015
Appendix title(s): 3.1 Local Supervising Authority Audit Report: 1 (location redacted for confidentiality)
Context of the evidence: This report was written to summarise the feedback provided by women and partners using maternity services at one hospital trust in the Yorkshire and Humber LSA Region. I met with ten women, two partners and one birthing partner during this audit visit. I was asked by the LSA to make comments against five key areas: normality, information and choices, involvement in decision making, compassion in practice and supervision of midwives.
Purpose of the evidence: The report provides insights that were used by the senior midwifery team to action plan and deliver woman-centred changes to service delivery. It has been redacted for confidentiality. My report and verbal feedback to the NHS Trust demonstrated that some of the women I met felt they had not been listened to and that their choices, and in one case safety, had been compromised because of this. Women raised concerns about being forced to try breastfeeding and that this caused them stress and embarrassment, even lying to their healthcare professionals for fear of being "told off". This is a safety risk that was taken seriously by the LSA. It was evident at this NHS Trust that some women felt disempowered and that there was a lack of privacy and dignity on the antenatal and postnatal wards.
Signposting to key points of reference: Information and choices section - paragraphs two and four. Involvement in decision making in care section - paragraph three Compassion in practice section - whole section

Report Title: LSA audit visit to xxxxxxxxxxxxx Hospitals NHS Trust

Visit Date: Tuesday 18 August 2015

Auditor: Sophia Hunt, Service User

Premises visited: xxxxxxxxxxxxxxxxxxxxxxxxxxxxx

xxxxxxx Children's Centre, xxxxxx

Number of women/partners spoken to:

- 8 women plus 1 partner and 1 birthing partner met at a health-visitor led drop in clinic
- 1 women met on an antenatal ward
- 1 women and 1 partner met on a postnatal ward

Normality

Women reported that the midwives they had contact with approached their pregnancies with a sense of normality and tried hard to maintain this, even when a women was under consultant-led care.

Information and choices

Women felt that during their pregnancy they were provided will good levels of information and choices regarding screening tests and writing their birth plans. Hospital birth was perceived to be the safest option for first time mothers and although one women had a home birth, she said she "had to ask for that, the assumption had been that she would deliver in hospital".

When in labour women felt that their choices were very limited and largely dictated by staff. Two women reported that when they self-reported being in labour and attended the hospital they were sent home without offer of examination, this resulted in complications and a reduction in choices for both women: one of whom later required an emergency caesarean section and one who missed out on her planned choice of epidural pain relief due to lack of time. Two women had requested the birth-pool, but were unable to use it as there is only one pool.

The woman who experienced the home birth was very complimentary regarding the service she received, although it had only been possible for one midwife to attend the birth, rather than the two as planned.

Women felt that breastfeeding was the "only option" and that even when they had clearly stated in their birth plan they did not wish to even try this, they felt they had been forced to do so. One woman reported she was "pleased she'd given it a go", but others reported feelings of stress and embarrassment. This feeling of pressure to breastfeed continued postnatal and this was commented on by seven women over the visit. Four women reported feeling guilty for stopping breastfeeding. One reported having to insist on bottle-feeding once her baby had been admitted into hospital for weight loss. Two stated that they lied to the midwife/health visitor and said they were breastfeeding when they'd switched to bottles: "I just couldn't be bothered with the hassle of getting told off".

Involvement in decision making in their care

Women who had experienced a 'normal' pregnancy and birth reported that communication with the midwives was very good particularly in labour and delivery.

Some women had experienced a high degree of continuity in their antenatal care and felt that their involvement and experiences had been very positive. Other women who had not had consistency in antenatal midwifery care felt less engaged in the decision making process.

Women who had experienced complexity in their pregnancy or delivery reported that they were poorly informed of what was happening and that this was stressful. Women reported that professionals spoke to each other, rather than them regarding what was happening.

Compassion in practice

Women reported feeling well cared for during the antenatal period; that they felt "important" to their midwife and like their "pregnancy was special". Women reported that the process was a shared experience with the midwife and that their partners were also a part of this.

Women who had experienced a stay on the ante or postnatal wards stated that the environment was safe, clean and well presented. However, they also reported that the ward environment lacks "privacy and dignity". One woman said she was embarrassed by the questions she was asked when she felt other women and their partners could hear everything and that she felt uncomfortable knowing another women was being examined with just a curtain to separate them. Women who had laboured in hospital felt that they had been in the bays too long, rather than being moved to delivery suite for privacy. One woman said she was "forced to have the curtains open during the day, even though she kept closing them for a rest".

Birth partners reported that they felt welcome in the delivery suite and had adequate access to facilities. Women however felt that after giving birth in the evening or night that you are moved to the ward too quickly and that partners are not allowed to enter the ward. Women felt "put to bed" and one stated she was "absolutely terrified of being separated from her partner and being left alone with her baby". Women agreed during the focus group that they would have rather stayed in the corridor with their partner, than been "forced apart so soon after becoming a family". A suggestion made during the focus group was that a day room could be made available so that women could stay with their partners longer if they wished to. It was recognised by women that they shouldn't need to stay on the delivery suite any longer than necessary, just so that they can be together as a family.

Supervision of midwifery

Of the ten women met only one had heard of SoMs; however she did not know of their role or function. In the Children's Centre there was no visible information regarding SoMs. On the wards there was some information regarding statutory supervision, although this is not portrayed in a way that would connect with the service users.

Summary comments

- Women using this service feel supported and well cared for. Where women have a named-midwife who undertakes the majority of their ante and postnatal care this is valued very highly.
- Visibility and knowledge of the role and function of SoMs is an issue and I would recommend that the team explore how they promote Supervision with women; SoM T-shirts, improved web-presence and attractive noticeboards in waiting areas would support the visibility agenda and promote accessibility.
- The treatment of partners and birth partners on the delivery suite is excellent; they feel valued and a part of the journey. However, I would recommend that consideration is given to the transfer back to the ward and that women and their families are offered a space where they can to be together.
- Breastfeeding is internationally recognised as best for the baby and mother, but it is not the only option and women must feel they have a choice in infant feeding; women should never feel that they cannot be honest with their healthcare professionals as this is detrimental to the health of the infant.

Evidence Cover Sheet

Appendix three:
Date(s): 07 January 2016
Appendix title(s): 3.1 Local Supervising Authority Audit Report: 3 (location redacted for confidentiality)
Context of the evidence: This report was written to summarise the feedback provided by women and partners using maternity services at one hospital trust in the Yorkshire and Humber LSA Region. I met with five women, two partners and the Chair of the Maternity Services Liaison Committee (MSLC) during this audit visit. I was asked by the LSA to make comments against five key areas: normality, information and choices, involvement in decision making, compassion in practice and supervision of midwives.
Purpose of the evidence: The report provides insights that were used by the senior midwifery team to action plan and deliver woman-centred changes to service delivery. It has been redacted for confidentiality. My report and verbal feedback to the NHS Trust demonstrated that of the five women I spoke with, all expressed that the hospital environment was perceived as the safest place to receive care. The use of a single room for Labour, Delivery, Recovery and Postnatal care (LDRP model) was very popular with women and their birthing partners, although it was noted that this caused disappointment when these facilities were not available. Continuity of carer was clearly important to women, but not consistently available.
Signposting to key points of reference: Normality section - paragraph one Information and choices section - paragraph two Involvement in decision making in care section - paragraph three Compassion in practice section - paragraph two Summary comments section - point four

Report Title: LSA audit visit to xxxxxxxxxxxxxxxxxx Hospitals NHS Trust

Visit Date: Thursday 7th January 2016

Auditor: Sophia Hunt, Service User

Premises visited: xxxxxxxxxxxxxx

Number of women/partners spoken to:

- 3 women plus 1 birthing partner met postnatally on the wards
- 2 women and 1 partner met in the Assessment Day Unit (ADU)
- Chair of the Maternity Services Liaison Committee (MSLC)

Normality

From the small number of women that I spoke to and the views of women that had been in contact with the MSLC it appears that midwives do approach each woman's pregnancy with the aim of promoting normality; however, there is a sense within the locality that greater complexity equates to better care. From the small number of women that I spoke with, there appeared to be a desire for care to be medicalised and that the women wanted a greater degree of consultant led input during their pregnancies for reassurance. It is unclear why the women have this perception; but for all of the women I spoke to, home-birth was not considered a 'safe' option.

It was not possible during this visit to go out to any community-based clinics, but it would be beneficial in future visits to explore 'normality' in the community and women's perceptions of their care in that environment. One woman reported that in the community she felt "like a number", there was a lack of continuity between midwives and that her hand-held notes were "confusing". However, the woman was extremely complimentary regarding the care she received in the hospital and said her midwife was "excellent; so calm and in control; I could completely trust her". Poor continuity of care in community was experienced by three of the five women.

Information and choices

Women felt that during their pregnancy they were provided will good levels of information and choices regarding feeding, birth plans and pain relief. Hospital birth was perceived to be the only safe option. One woman reported how she had seen a consultant to receive additional information regarding a cultural choice she wished to make during her pregnancy and birth; she felt this decision was respected and accommodated very well. One woman reported she had been given too much information, however mitigated this with "but too much is better than too little".

Women felt that they were listened to and consistently were given the time to ask any questions that they had. One partner acknowledged that his questions were listened to and answered, when sometimes his partner hadn't felt able or remembered to ask them.

Involvement in decision making in their care

It was reported that on the wards the atmosphere and communication with the midwives was very good, particularly in labour and delivery.

Two women had experienced continuity in their antenatal care and felt that their involvement with the community midwifery services had been very positive. Other women who had not had consistency in antenatal midwifery care felt less engaged in the decision making process and like they had to 'restate' their views every time they came into contact with a different midwife.

Whilst in the hospital women reported that they were constantly informed of the stages of their care and given opportunities to ask questions and make decision. Not every woman was able to stick to her birth plan, but when things were changing the women were well informed. One woman commented that "I totally freaked out and panicked. I said I wanted pain relief even though it wasn't in my plan, because I couldn't handle it. She *(midwife)* calmed me down and said I could do it and she helped me get back in control. I'm really proud now that I did it without *(pain relief)*. She really helped me".

Another woman reported that she didn't want monitoring; she said "the midwife explained to me why she wanted to check on the baby and we agreed it for a minimal amount of time (20 minutes)". One woman said there were a lot of people involved in her care during labour, and she was unsure of who they all were, but she was given choices and her views respected "no one was pushy".

Compassion in practice

Feedback regarding compassion in the community was largely positive, but not consistently so.

Women who had experienced a stay on the wards stated that the environment was warm *(emotionally)*, safe, clean and well presented. Women reported feeling well cared for whilst they were on the wards. Women reported that the process of giving birth was a shared experience with the midwife and that their birth partners were made to feel an important and integral part of the experience. Birth partners reported that they felt welcome in the LDRP rooms and had adequate access to facilities. The LDRP model is very popular, however the service is extremely busy and women did report feeling disappointed if they got moved rooms as it wasn't what they "signed up for". The MSLC reported similar findings; that women have high expectations in xxxxxx of the LDRP system and are very disappointed if this expectation isn't realised. The MSLC also reported that there is a discrepancy across the Trust and that women birthing at the xxxxx site would like the option to have partners stay with them and access the delivery suite earlier in their labour.

Supervision of midwifery

Of the five women and two partners met only one had heard of SoMs (from the lanyard around her midwifes neck); however, she did not know of their role or function. When I explained about supervision and the advocacy it can provide for women, none of the women could think of a situation where they would have benefited from or required a SoM input during their care.

There was very little information about what a SoM is on the wards and there was no information in the ADU, or scan clinic, where it would be extremely valuable. On the wards there was limited information regarding statutory supervision, although this is not portrayed in a way that would connect with the service users. SoMs have one t-shirt, yet are undertaking a 'SoM of the week' model. The SoM is not released from their normal duties for the week in order to undertake the role of the SoM and therefore it is sometimes unclear, even to the midwives, in what capacity they are speaking to their colleague (SoM or substantive role).

Summary comments

- Women using the hospital based service are highly complementary of the service, feel emotionally and physically supported and well cared for.
- There are inconsistencies in the standard and consistency of community care provided to women.
- Visibility and knowledge of the role and function of SoMs is poor and I would recommend that the team explore how they promote Supervision with women.
- The treatment of women, partners and birth partners in the LDRP wards is excellent; they feel valued and partners are a part of their journey. However, I would recommend that consideration is given to the management of women's expectations regarding whether or not they will be allowed to stay in these rooms during early labour and post-partum.

Evidence Cover Sheet

Appendix three:
Date(s): 02 February 2016
Appendix title(s): 3.1 Local Supervising Authority Audit Report: 4 (location redacted for confidentiality)
Context of the evidence: This report was written to summarise the feedback provided by women and partners using maternity services at one hospital trust in the Yorkshire and Humber LSA Region. I met with twelve women, six partners and/or birthing partner during this audit visit. I was asked by the LSA to make comments against five key areas: normality, information and choices, involvement in decision making, compassion in practice and supervision of midwives.
Purpose of the evidence: The report provides insights that were used by the senior midwifery team to action plan and deliver woman-centred changes to service delivery. It has been redacted for confidentiality. My report and verbal feedback to the NHS Trust communicated that women had expressed concerns about staffing levels in the unit, raising concern about calling the telephone triage line and receiving help and care on the post-natal ward. Continuity of carer in the community was seem as very good, and that this enhanced the maternity journey for the women and families who received antenatal care in this manner.
Signposting to key points of reference: Information and choices section - whole section Involvement in decision making in care section - paragraph four Compassion in practice section - whole section Summary comments - points four and five

Report Title: LSA audit visit to xxxxxxxxxxxxxx NHS Foundation Trust

Visit Date: Tuesday 2nd February 2016

Auditor: Sophia Hunt, Service User

Premises visited: xxxxxxxxxxxxxxxxxxxxxxxxxx

Number of women/partners spoken to:

- 2 women in the ante-natal clinic
- 2 women in the Assessment Day Unit (ADU)
- 6 women plus 3 birthing partners met postnatally on the post-natal ward
- 2 women and 3 birthing partners met on the labour ward

Normality

Discussing normality and normal birth with the women that I met at xxxxxxxxxxxxx was slightly biased, as I was able to meet two women, who were in the early stages of induction of labour and six post-natal women who had undergone a caesarean section, for a variety of reasons, including elective.

The women all felt that midwives had explored and explained their options to them in an unbiased way, and (in the case of the elective caesarean sections) had respected their decisions and not tried to influence their choices.

One woman who was on the delivery suite for induction of labour had wanted a home birth, and had received full support from the community midwives to do this. The woman was very positive about the support she had experienced and as fully informed as to the reasons for her induction of labour.

Information and choices

Women felt that during their pregnancy they were provided will good levels of information and choices regarding feeding, birth plans and pain relief. Women felt that they were listened to, well informed and consistently were given the time to ask any questions that they had. Women seen with their partners reported that they were also able to ask questions and that they were given full responses.

The women and their partners were very complimentary regarding the staff who prepared them for surgery, and the communication that they maintained throughout.

Involvement in decision making in their care

Women and their partners reported that they were fully informed about their options for care and the care that their partner was undergoing; particularly in regards to the women who were undergoing elective caesareans.

Women who were undergoing induction of labour were fully informed about why this was necessary and able to make decisions regarding the process.

Women in the anti-natal clinic were satisfied with the information that they received regarding their options for care.

Women generally reported that they experienced good continuity of care in the community and that they had a built a rapport with their midwife. This aided communications regarding options for care and involvement in decision making.

Compassion in practice

Feedback regarding compassion in the community was positive.

Women who were on the wards stated that the environment was warm *(emotionally)*, safe, clean and well presented. The majority of women reported feeling well cared for whilst they were on the wards; however, one women felt that she was not receiving enough help with her baby (post caesarean). One partner stated that he did not feel that care and support his wife was receiving was of a good standard; he was disappointed with their experiences. The couple had previously experienced care at the Trust when their first child was born and stated that you could see a significant difference this time around in terms of staff attitude, cleanliness and proactive care.

Women reported that the process of giving birth (all via caesarean) was a shared experience, with their partner and the staff providing care. Birth partners were made to feel welcome and an integral part of the experience.

Partners are not routinely able to stay during the post-natal period and had not considered the 'hireable' rooms a viable option for them. One woman was not aware of the charged rooms, but would have considered that option "if I'd of known I wasn't going to get any help from a midwife while I was here". The woman was in considerable pain following her section and felt very limited and dependent.

The hospital service was described as follows: "everyone is caring, but visibly stretched. Some of the staff are clearly too busy. They offer to do things, but then can't, so they just don't come back. It can take hours".

Women who had called the triage phone line for guidance and concerns regarding their pregnancy reported delays in waiting for the call to be answered; with one woman reporting a significant waiting time of nearly 45 minutes. The Trust monitor response times to calls and felt that this length of time was highly unlikely. Whilst without further evidence telephone wait times are entirely subjective, the fact remains that women half of the women I met felt it was worthy of mention. One woman in the assessment day unit stated "it was really frustrating when I called that I was 'fifth in the queue', I can't imagine how worried I'd be if I hear that when I'm in labour"!

Supervision of midwifery

Of all the women that I met, only one had heard of supervisors of midwives (SoMs); having seen "the new banners that just appeared by the door and the red t-shirts". This woman however, had not stopped to read the banner and therefore she did not know of the role or function of SoMs. When I explained to all the women that I spoke to about supervision and the advocacy it can provide for women, none of the women could think of a situation where they would have benefited from or required a SoM input during their care. From the description of care provided to one woman, in terms of a 'senior midwife' helping to make her care plan, it sounds like a SoM may have been involved in the care of at least one of the women that I met. However, the fact that the woman was unsure means that an opportunity for promoting the role of the SoM (separate to the substantive role) had been missed.

There was very little information about what a SoM is on the wards and there was no information in the ADU, or scan clinic, where it would be extremely valuable. On the wards there was limited information regarding statutory supervision, although there are new roller-banners they are not necessarily presented in a way that would connect with the service users. There is no reference whatsoever to supervision on the Trust webpages, which is a shame as woman had looked there for phone numbers and information.

Summary comments

- Women were highly complementary regarding the care they received in the community.

- The majority of women and their partners were very satisfied with the care that they were receiving, but two of the six women who stayed overnight in the post-natal ward were disappointed with the support they received during the night.
- Visibility and knowledge of the role and function of SoMs is poor and I would recommend that the team explore how they promote Supervision with women, including the web-presence of SoMs within the Trust.
- The service must continue to monitor response time to answering triage phone calls and consider separating the 'labour' and 'other calls' lines so that they can be prioritised appropriately.
- Allowing partners to stay overnight would reduce the pressure on staff to provide post-natal care for women and babies, and allow the family to develop confidence and unity in the post-natal period.

Evidence Cover Sheet

Appendix four:
Date(s): 01 December 2016
Appendix title(s): 4.1 LSA North of England Winter Conference - Agenda 4.2 Conference Presentation - Exploring service user experiences to learn for the future 4.3 Social media discussion of the conference presentation
Context of the evidence: The LSA North of England Region Conference was a significant conference, heralding in the changes to the Statutory Supervision of Midwives (4.1). The conference was an annual opportunity for registered midwives, supervisors of midwives and heads of midwifery services to learn from each other and undertake professional development. I was invited to present to the full conference the findings I had gathered through my audit visits, and to share 'as much or as little' of my own experiences as I felt able to do. The Conference used the Twitter handle #NorthofEnglandLSA for participants to share their views; this has provided feedback and insights regarding the impact of my presentation (4.3).
Purpose of the evidence: The presentation I gave (4.2) took a story-telling approach that integrated key points of my own experiences, with the experiences of others, for pedagogical means. I chose to integrate positive stories and messages, as well as talking about things that had gone wrong, to create a well-rounded learning opportunity. Healthcare professionals need to be acknowledged for how hard they work, and reflect on positive feedback, as well as developmental points.
Signposting to key points of reference: 4.2 - presentation slides 6, 15, 16, 19 and 20 4.3 - page 1, tweet 2 - "service user experience, that's who we're here for and why we are midwives" 4.3 - page 2, tweet 1 - "Sobering reflections…." 4.3 - page 4, tweet 2 - "Midwives to stop apologising - has sorry taken over from "hello" 4.3 - page 5, tweet 2 - "low aspirations of care is most interesting, women we don't hear from" 4.3 - page 5, tweet 3 - "Family centred care is what women want"

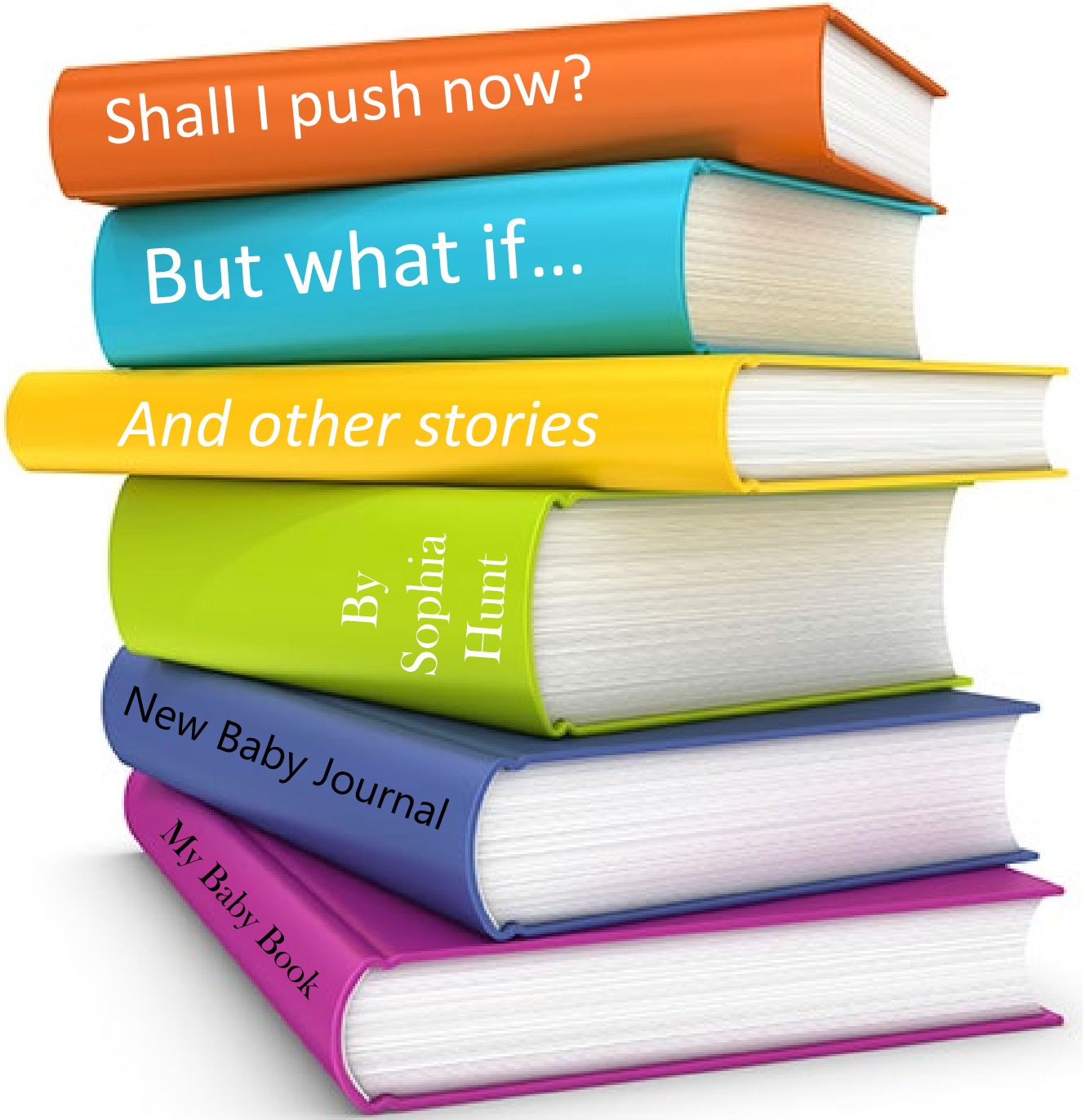
LSA NORTH OF ENGLAND WINTER CONFERENCE

"Celebrating the success of statutory supervision whilst continuously moving forward"

THURSDAY 1ST DECEMBER 2016

THE PRINCIPALYORK (formerly The Royal York Hotel
Directions: ***https://www.phcompany.com/principal/york-hotel/contact-us***

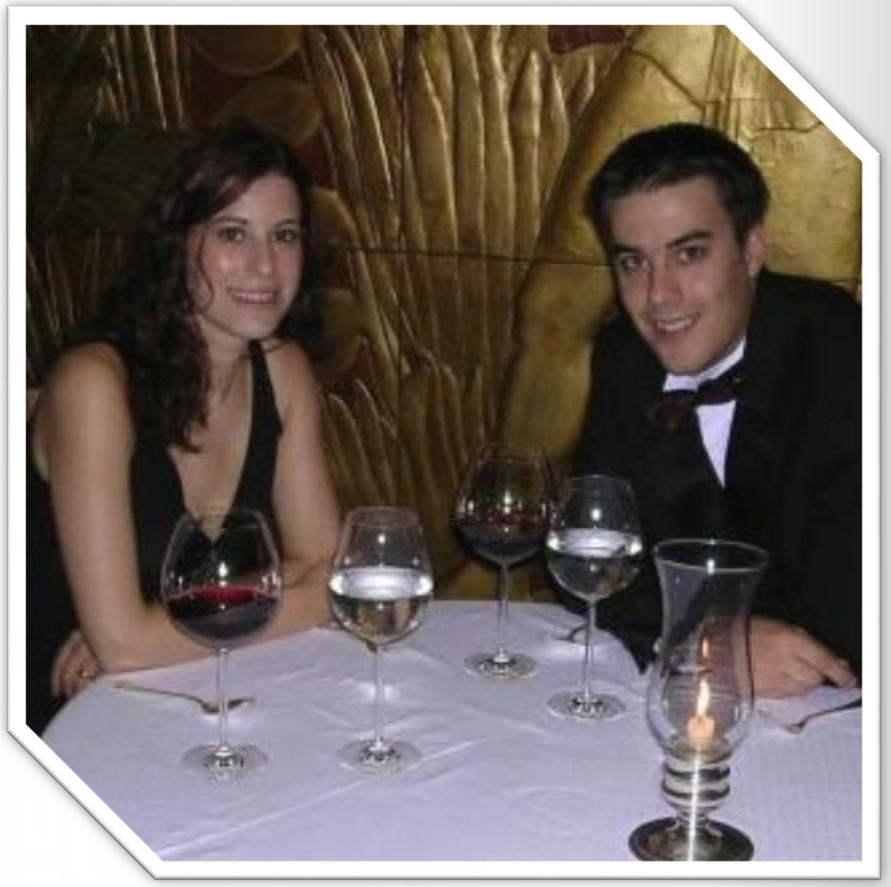
09:00 - 09:30	Registration + coffee
09:30	Welcome - Neil Tomlin, LSA Midwifery Officer
09:40	Statutory Supervision in context –Neil Tomlin, LSA Midwifery Officer
10:15	Remediation – My supervision journey Melanie McBean, Midwife/Supervisor of Midwives, County Durham and Darlington NHS Foundation Trust
10:45	Morning break
11:15	Keynote: Leading midwifery in a climate of constant change – supervision and policy Professor Jacqueline Dunkley-Bent, Head of Maternity, Children & Young People for NHS England
12:15	Case studies of supervision in action at The Mid Yorkshire Hospitals NHS Trust – Supporting women with their birth choices Caitlin Wilson, Supervisor of Midwives/Consultant Midwife for Normal Birth, Mid Yorkshire Hospitals NHS Trust
12:45	Lunch *(provided)*
13:45	Open the afternoon – Marie Boles, Deputy Chief Nurse, NHS England (North)
13:50	Keynote: Staying focussed and resilient during transition out of statute Dr Sarah Simpson, Counselling Psychologist
14:40	Shall I push now? But what if… And other stories. *Exploring service user perspectives to learn for the future* Sophia Hunt, Maternity Service User/LSA Auditor + Principal Lecturer, University of Lincoln
15:00	Tea break
15:30	The Grace Project – a supervisory initiative Sharon Dickinson, Head of Midwifery, Doncaster & Bassetlaw NHS Foundation Trust
16:00	Closing remarks by the LSAMO
16:15	Depart



Exploring Service User experiences to learn for the future

@sophiaehunt

Once upon a time....



MEDICAL RECORD

Name: Sophia Hunt

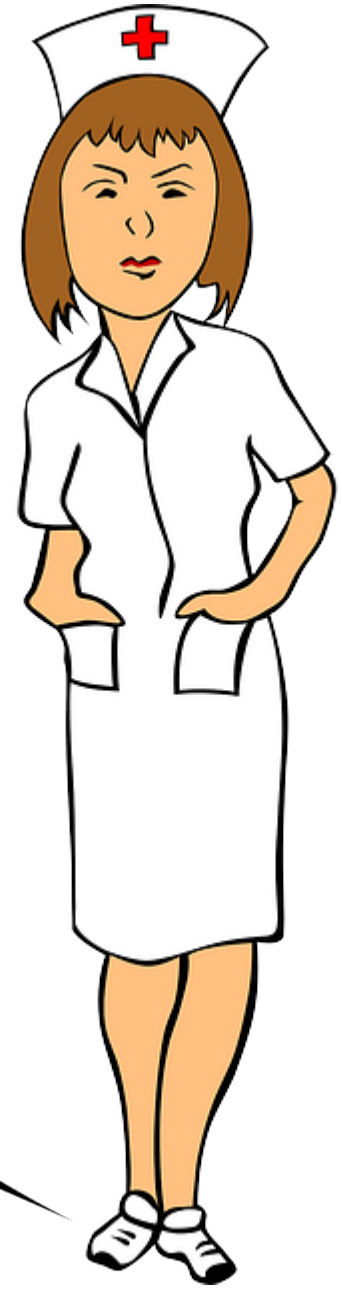
Age: 24 years

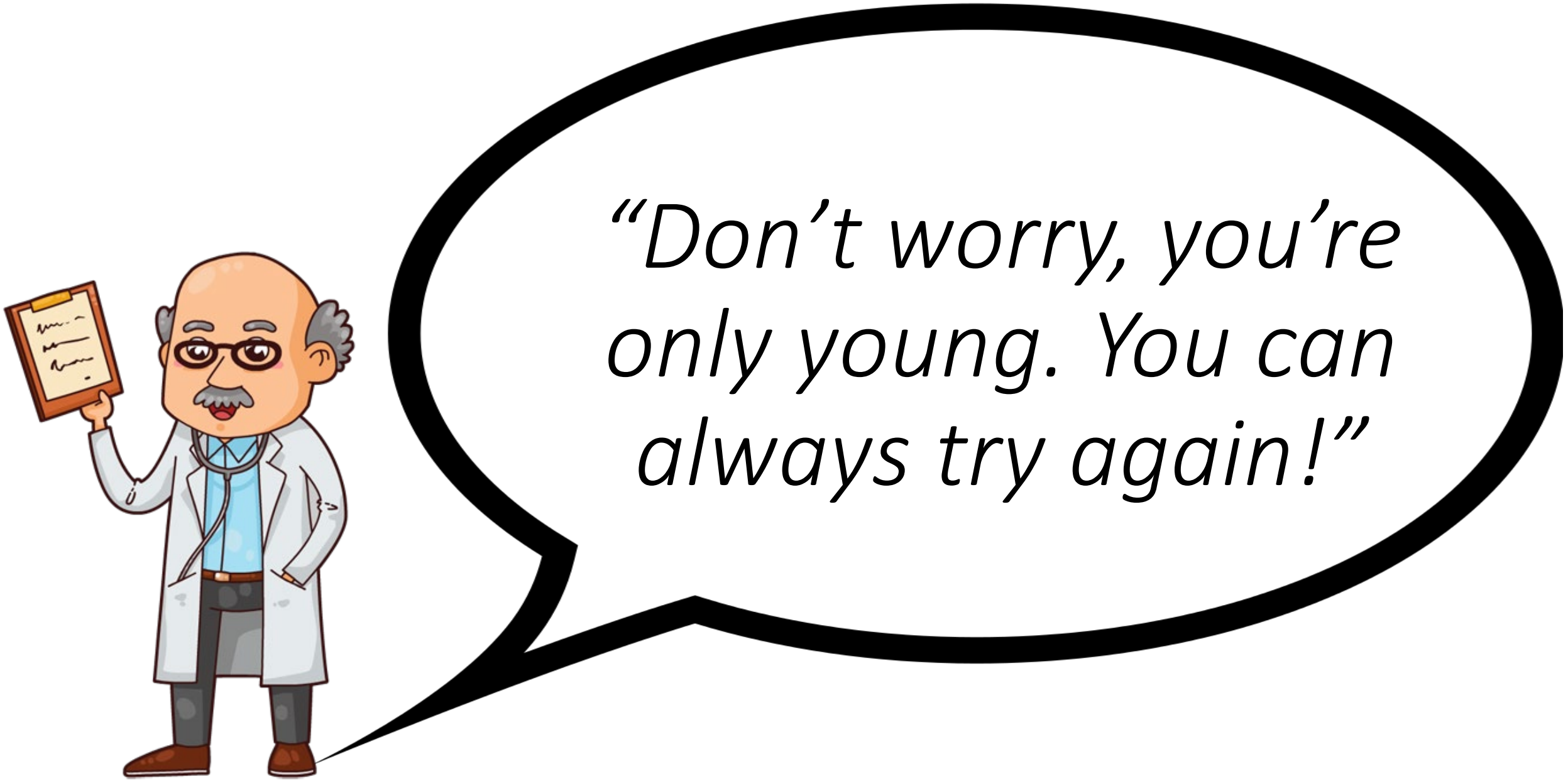
Medical History: no concerns

Past Pregnancies: 7

Live Births: 0

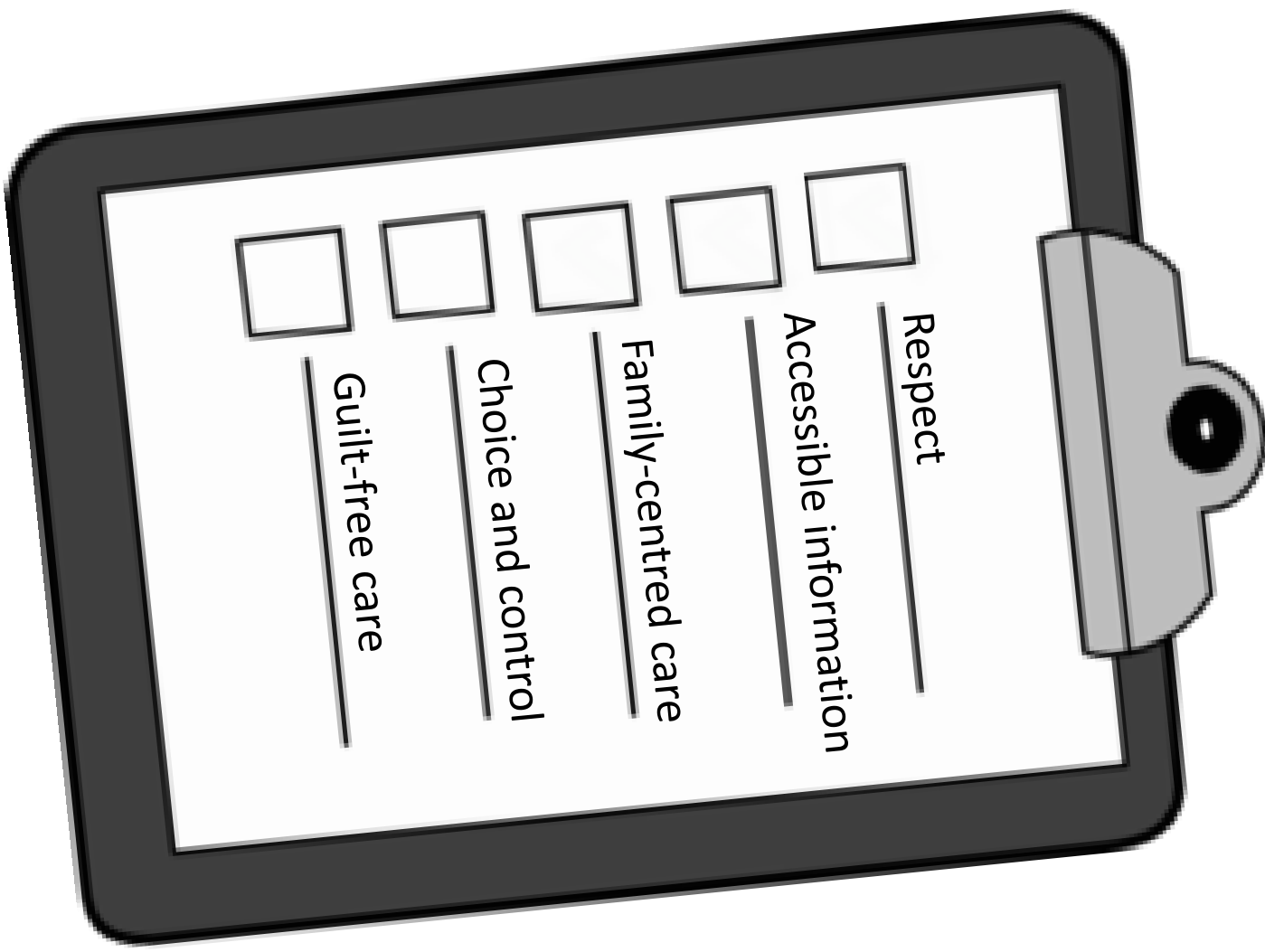
“If you’re not mature enough to cope with the consequences, perhaps you shouldn’t have done it in the first place.”




“Don’t worry, you’re only young. You can always try again!”

What women want for the future

Item 1:
Respect and understanding



Feedback from women to their midwives:

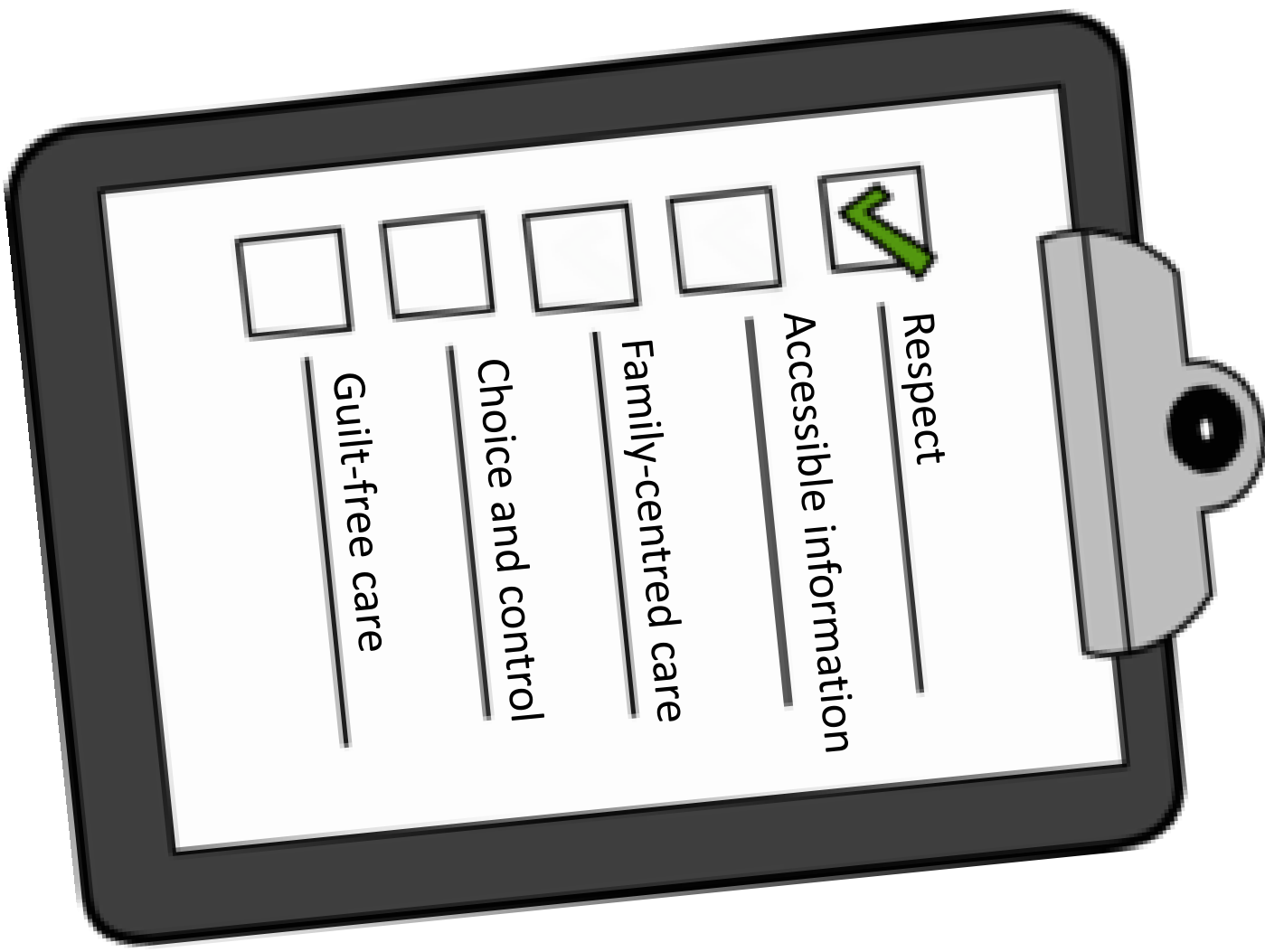
“Listen and actually hear my story, try to understand why I’m scared or anxious. There’s always a reason behind every emotion.”

“I stopped breastfeeding a few days in, but I never told my midwife, she would of hated that. So, I just hid the bottles when she came round.”

“I thought she was amazing, she listened to everything I said, like I was the only woman she needed to care for.”

What women want for the future

Item 2:
Accessible Information



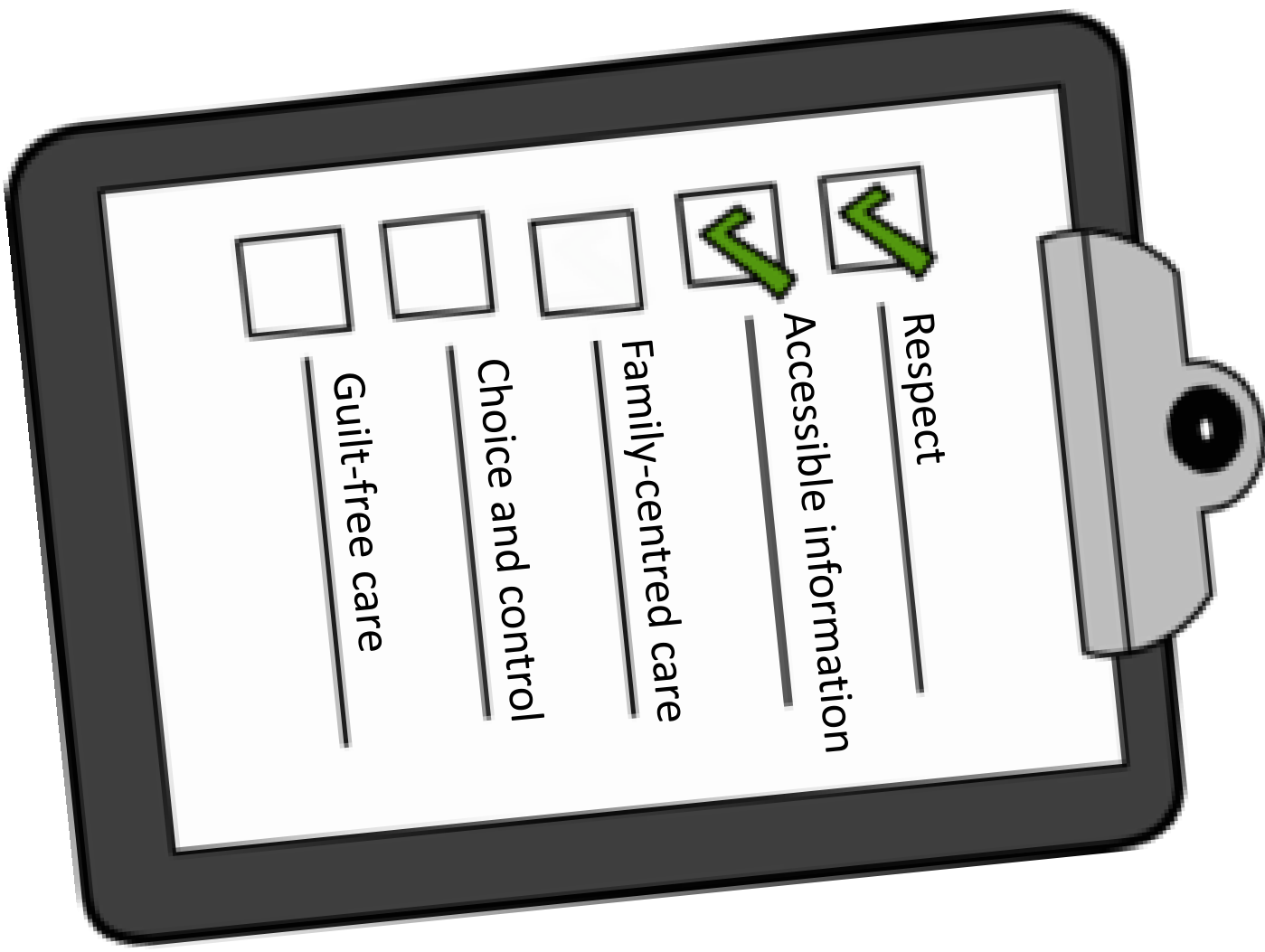
“Did you get a chance to read those [badly photocopied] *leaflets I gave you?”*

Urrmmmmm…
I think so….
Well, sort of….

Make information apps-essible

and tackle social media head on!

What women want for the future:
Item 3:
Family Centred Care



From
person-centred care

Towards
family-centred care

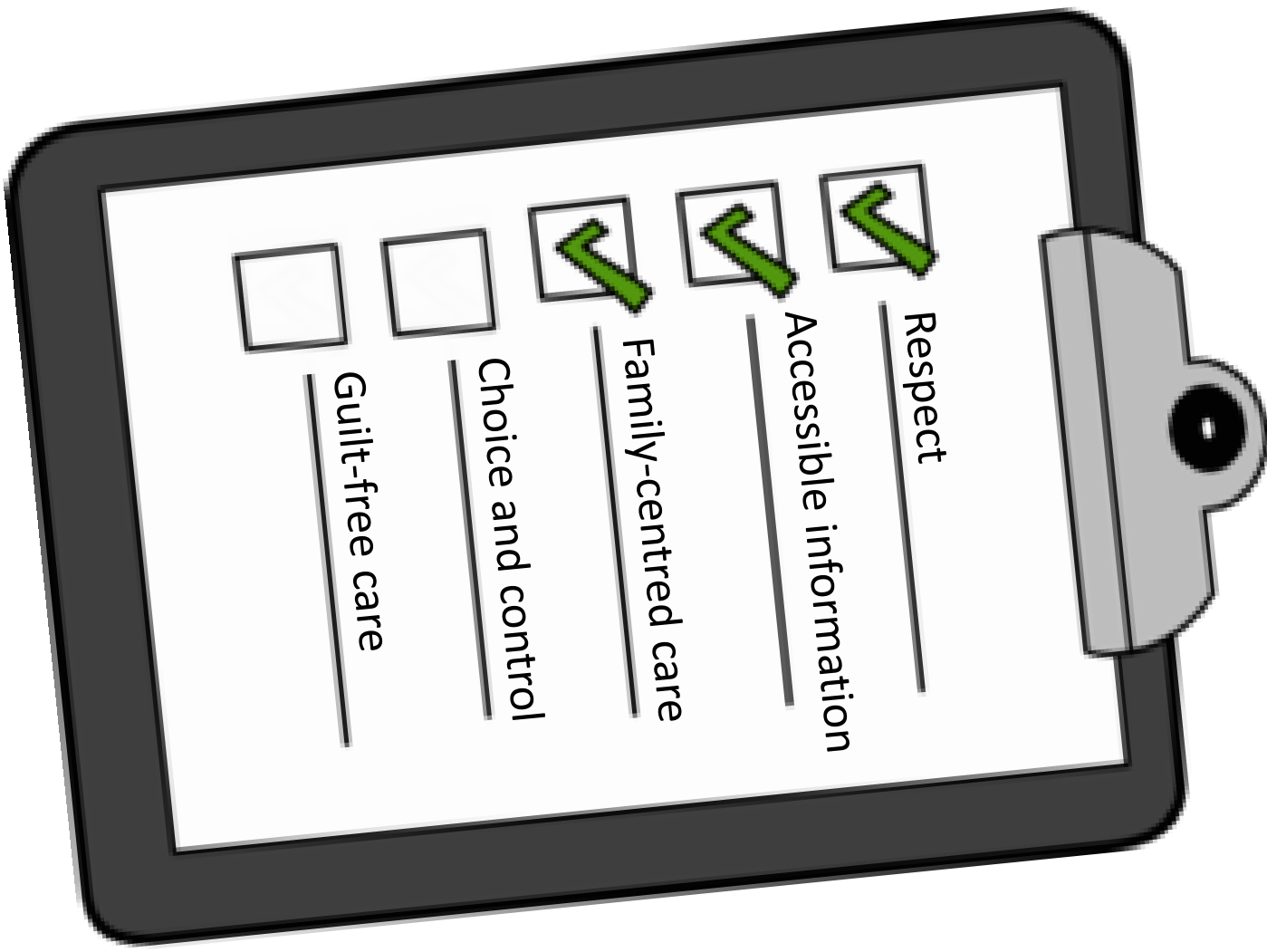
“They sent my hubby home, because they didn’t believe me that my labour was very advanced – so I locked the bathroom door and had him by myself on the bathroom floor. I felt so alone...”

“Shall I push now? Will you tell me when I need to push?”

“No lovely, you’ll tell me. Steve’s there for you and I’m over here, if you need me.”

What women want for the future

Item 4:
Choice and Control



“Giving birth at home was the best experience of my life, I wouldn’t change it for the world. I’ve never felt more in control, or more like a woman”

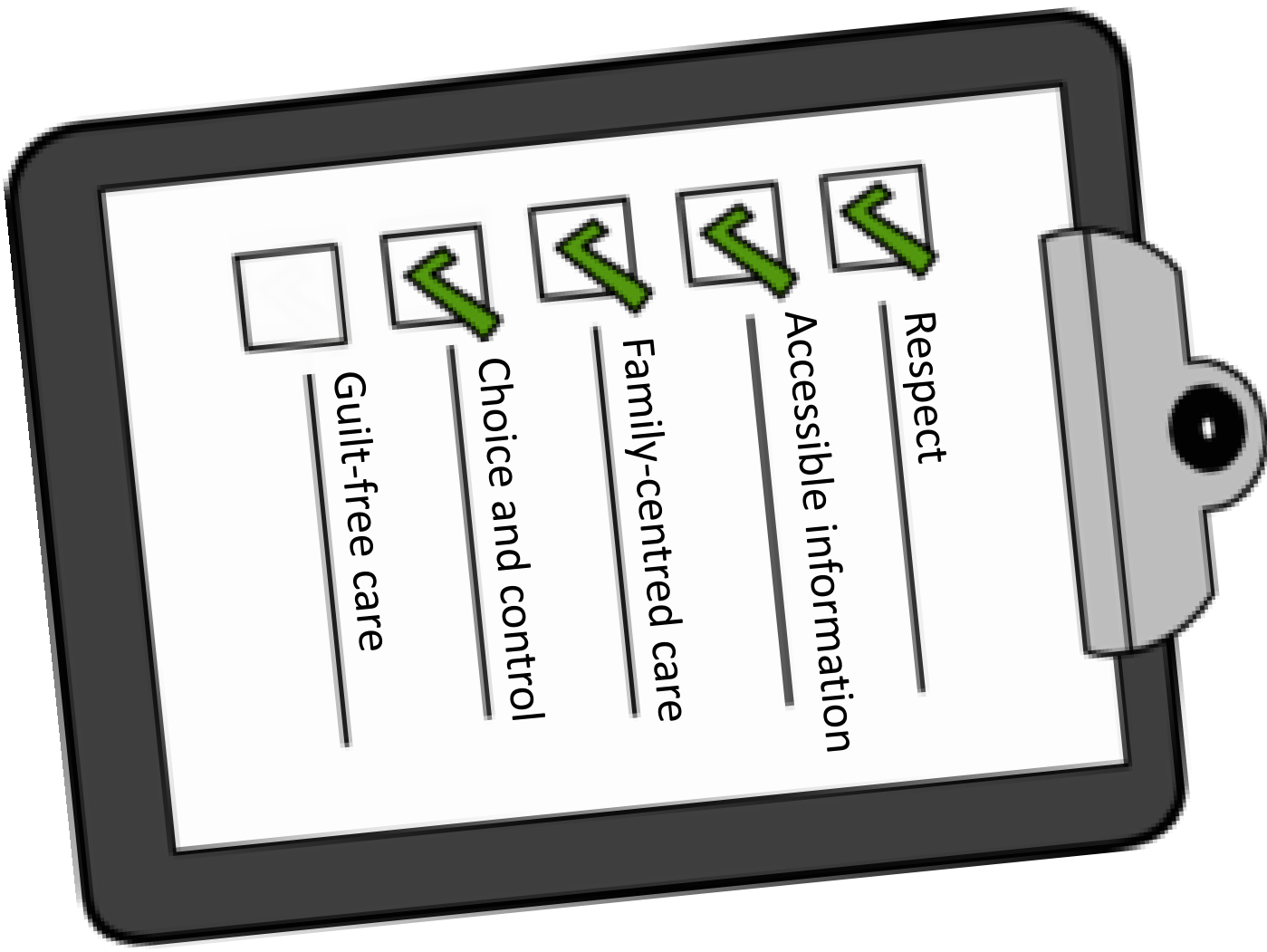
“I’d never have a home birth. I wouldn’t feel safe. You need doctors and specialist equipment there – just in case.”

Giving birth is the most common reason for admission to hospital in the United Kingdom

National Audit Office, 2013

What women want for the future

Item 5:
Guilt-free Care



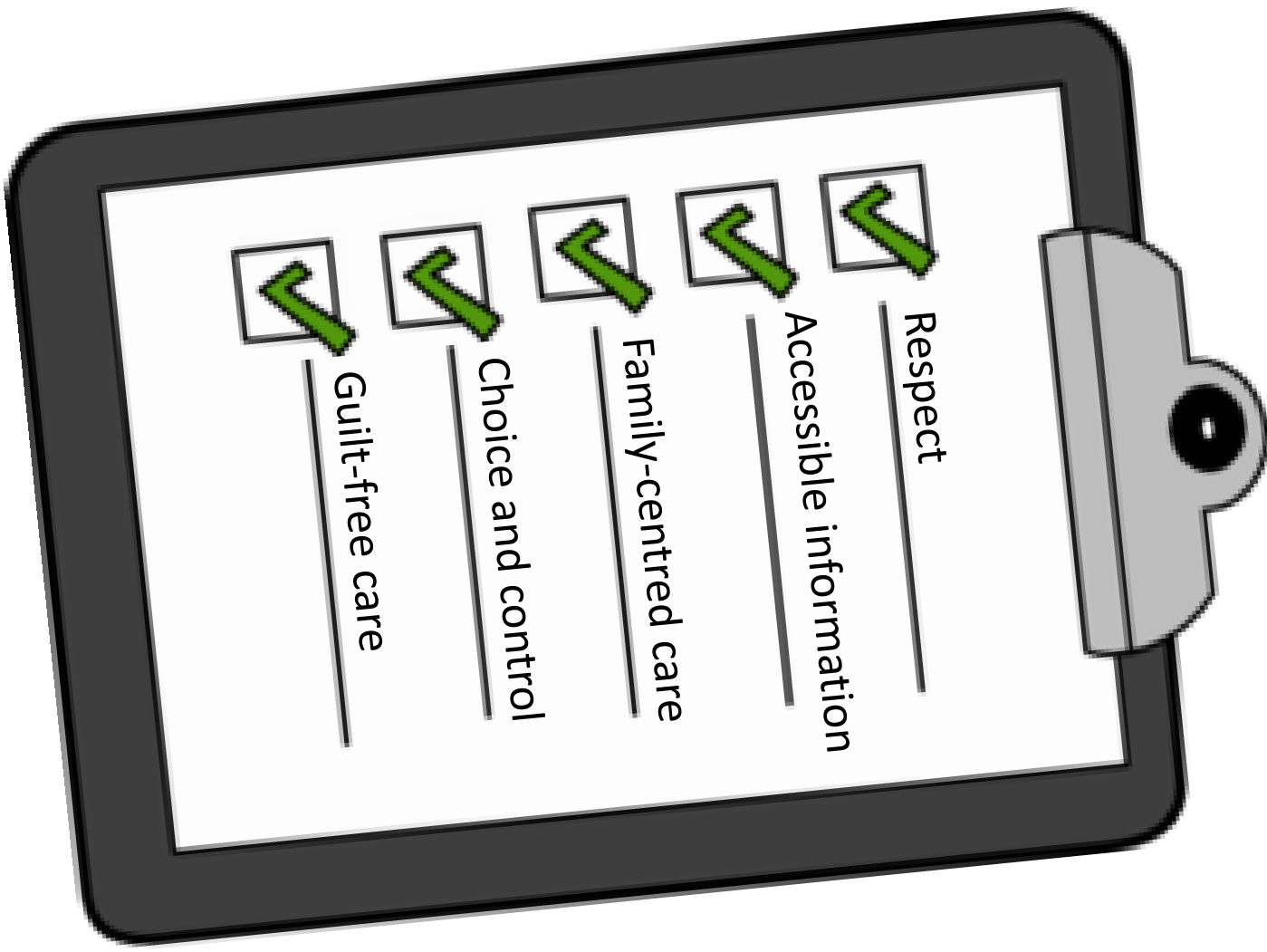
Feedback from women to their midwives:

“stop feeling guilty all the time – it’s not your fault that things are often running late and if it’s not your fault, you don’t need to apologise”

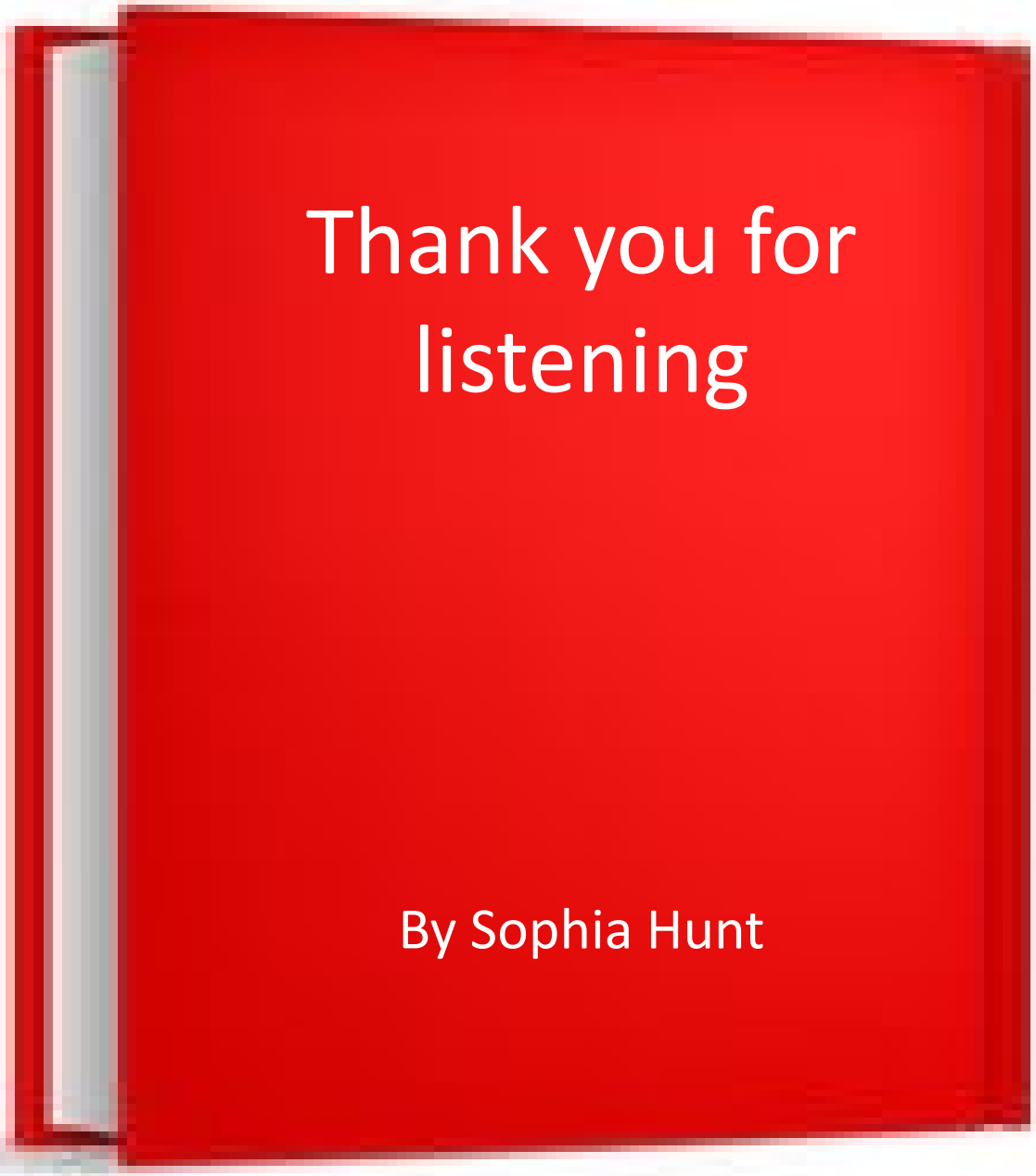
“When you can tell your midwife is stressed and busy it makes it more difficult to ask a question or talk through your concerns. She’s lovely so I don’t want to add to her workload.”

“ I could tell she was trying her best, so I didn’t ask for anything I’d wanted in my birth-plan. I just went with the norm so things were straight-forward.”

What women want for the future:



…and they lived happily ever after!


Thank you for listening
By Sophia Hunt

18:27

Sophia Hunt
20 Tweets

Joined June 2015

50 Following **36** Followers

Tweets | Tweets & replies | Media | Likes

Sophia Hunt @sophiaehunt · 01/12/2016
Seeing loads of Great responses to my presentation today #NorthofEnglandLSA

> **Gill Paxton** @gilly164 · 01/12/2016
> Wow - we have a long journey ahead @keogh_sara @NHSEngland #NorthofEnglandLSA
>
> 
>

You Retweeted

Lindsay Hobbs @Lindsay... · 01/12/2016
#NorthofEnglandLSA @sophiaehunt on the podium with service user experience, that's who we're here for and why we are midwives...

3 1

You Retweeted

NHS HEE @NHS_Healt... · 04/11/20

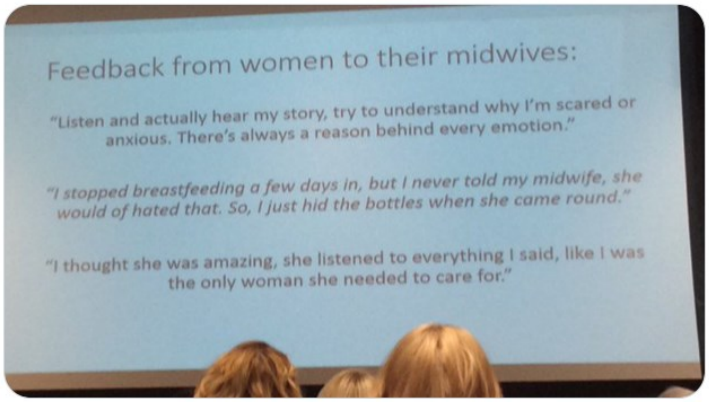
18:30

#NorthofEnglandLSA

Top Latest People Photos Videos

Karen Khan @kekhan13 · 01/12/2016

Sobering reflections....#NorthofEnglandLSA



1 2

Gill Paxton @gilly164 · 01/12/2016

Caitlin Wilson outlining the brilliant work of SOMs at @MidYorkshireNHS @midwife_cw #NorthofEnglandLSA

1 1

saraholllins @keogh_sara · 01/12/2016

Giving birth most common reason fo
hospital admission in UK. Wow. This needs

18:31

#NorthofEnglandLSA

Top Latest People Photos Videos

Gill Paxton @gilly164 · 01/12/2016

Wow - we have a long journey ahead @keogh_sara @NHSEngland #NorthofEnglandLSA

1 2

Lindsay Hobbs @Lindsay... · 01/12/2016

#NorthofEnglandLSA wow 😳 home birth will become the norm again because we won't want people in hospital TY @sophiaehunt

1

Lindsay Hobbs @Lindsay... · 01/12/2016

#NorthofEnglandLSA is there an assumption here that we know what we're transitioning to @keogh_sara ?

2

Maria Evans @ML_Evans4 · 01/12/201

Midwives to stop apologising- has sc
taken over from "hello"

18:31

#NorthofEnglandLSA

Top Latest People Photos Videos

assumption here that we know what we're transitioning to @keogh_sara ?

2

Maria Evans @ML_Evans4 · 01/12/2016

Midwives to stop apologising- has sorry taken over from "hello" #NorthofEnglandLSA

1 3

Karen Khan @kekhan13 · 01/12/2016

#NorthofEnglandLSA thank you Caitlin @midwife_cw .....interesting accounts of advocacy and true woman centred care

2 3

Karen Khan @kekhan13 · 01/12/2016

#NorthofEnglandLSA @sophiaehunt highlights the low aspirations of care .... we need to pay attention to the bell curve

1 2

Rachel Bingham @bingbo... · 01/12/2016

#NorthofEnglandLSA what a privilege to be in the company of such inspirational people, keep your heads high #thisserviceuserlovesyouall

1

Lindsay Hobbs @Lindsay... · 01/12/201

#NorthofEnglandLSA low aspiration care is most interesting, women we d

hear from @sophiaehunt @bingbong1980

18:31

#NorthofEnglandLSA

Top Latest People Photos Videos

#NorthofEnglandLSA what a privilege to be in the company of such inspirational people, keep your heads high #thisserviceuserlovesyouall

1

Lindsay Hobbs @Lindsay... · 01/12/2016

#NorthofEnglandLSA low aspirations of care is most interesting, women we don't hear from @sophiaehunt @bingbong1980

1

sarahollins @keogh_sara · 01/12/2016

Family centred care is what women want #NorthofEnglandLSA @sophiaehunt @LindsayHobbs51

2

Gill Paxton @gilly164 · 01/12/2016

Services are not chaotic they are undergoing disruptive innovation ! #NorthofEnglandLSA @NHSEngland

1

Sophia Hunt @sophiaehunt · 01/12/2016

Seeing loads of Great responses to my presentation today #NorthofEnglandLSA

> **Gill Paxton** @gilly164 · 01/12/2016
>
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> @keogh_sara @NHSEngland
> #NorthofEnglandLSA

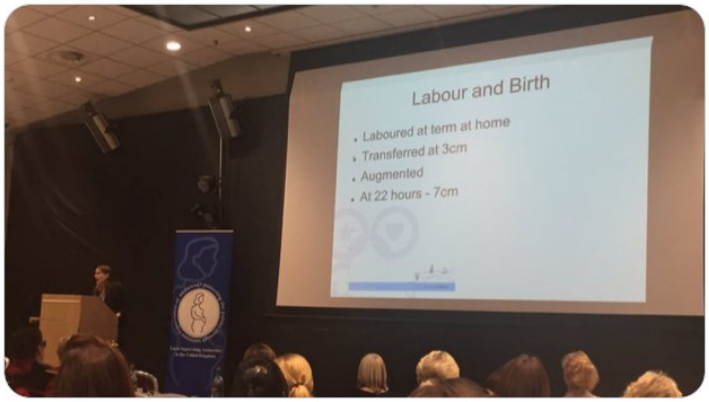
18:33

#NorthofEnglandLSA

Top Latest People Photos Videos

Gill Paxton @gilly164 · 01/12/2016

Caitlin Wilson outlining the brilliant work of SOMs at @MidYorkshireNHS @midwife_cw #NorthofEnglandLSA



1 1

saraholllins @keogh_sara · 01/12/2016

Giving birth most common reason for hospital admission in UK. Wow. This needs to change #NorthofEnglandLSA @LindsayHobbs51 @sophiaehunt

1 4

McDonald's UK @McDonaldsUK

We only use 100% 🇬🇧 and 🇮🇪 beef in our hamburgers

Evidence Cover Sheet

Appendix five:
Date(s): 19 -20 January 2017, 19 October, 30 October and 9 November 2018, 7 January 2019
Appendix title(s): 5.1 Working with young people towards the Nursing (child) curriculum 5.2 Working with children towards the Nursing (child) curriculum 5.3 Working with families towards the Nursing (child) curriculum 5.4 Public consultation and Focus Group with the Together Group regarding the Nursing curriculum
Context of the evidence: To support the development of the new Future Nurse Curriculum at my home HEI, I planned and undertook seven focus groups with people from local communities and three interactive activity sessions for local school children, to engage with seldom heard groups, as well as EbE who regularly engage with the university. It was important to consult with people in the community, to promote access and to ensure this took place in an environment they felt comfortable with.
Purpose of the evidence: This process shaped the curriculum and the HEIs overall approach to curriculum design. It also provided the programme team with evidence the curriculum was coproduced with stakeholders. This was acknowledged within the NMC approval report for the University: "NMC approved programmes are designed, developed and delivered by PLPs, service users and carers, students, members of the public and school-based health care academic staff. There is a comprehensive programme of consultation. Service user and carer members of the school, a patient and public initiative called the 'Together Group' describe their involvement. In addition, the school staff consult with local primary school children and young people. The children identify the values and practices they would like to see in children's nurses." (Harrison and Suppiah, 2019, 7).
Signposting to key points of reference: 5.1 - page 3 - how can the views of young people be included in the training of student nurses? 5.2 - page 5 - qualities of a child nurse: "respectable and respecting" 5.2 - page 13 - qualities of a child nurse: "heartfelt, determined, nurturing, truthful, inquisitive" 5.3 - page 3 - what experiences should be included in the training of children's nurses - "they should start by not doing any jobs, just playing with kids on the wards to see how important it is". 5.4 - page 8 - general feedback point 8: "Interprofessional education is important - the best people to teach assessment skills are physiotherapists and occupational therapists"

Working with Young People

towards the

BSc (Hons) Nursing (Registered Nurse - Child)

and

MSc Nursing (pre-registration - Child)

Flare Programme (aged 16-19) and Access to HE Students (aged 19-25)

Thursday 19th January 2017 - Gainsborough

Nine young people participated

Flare Programme (aged 16-19) and Access to HE Students (aged 19-25)

Friday 20th January 2017 - Mablethorpe

Twelve young people participated

Focus Group - Community Learning in Partnership

Combined feedback from 21 participants, across two sites

Questions were posed on flip chart paper and each young person was given a pen to make their own comments. Some comments were duplicated.

A small number of offensive comments have been removed, at the request of the host organisation.

- **Should we train Child and Young People's Nurses in Lincolnshire?**
    - Yes - 20
    - Not sure - 1
    - No - 0

- **What qualities should a child and young people's nurse have?**
    - Interested
    - Confident
    - Reassuring
    - Gives you the facts
    - Not judge you
    - Caring
    - Listens
    - Wants you to be ok
    - Non-judgemental
    - Confidential
    - Nice person - ok to be around
    - Trustable
    - Respects you and your privacy
    - Fit
    - Actually wants to be there
    - Doesn't make you feel stupid
    - Not patronising

- Cares
- Knows what to do
- Fun
- Looks cool - has tattoos
- Not stuck up
- No uniform
- Not cringy

- **What advice would you give a child and young person's nurse?**
  - Don't think you're cool, unless you actually are
  - Talk about sex
  - Don't make me feel stupid
  - Don't act like my parent or a teacher
  - I'm gay, I know I'm gay, so don't patronise me
  - Give me time to ask questions
  - Sometimes I don't talk much, but it doesn't mean I don't have anything to say
  - Smile!
  - If you're gonna stress me out, at least let me smoke while we talk
  - Don't get embarrassed as that makes people feel like they've done something wrong
  - Don't judge me
  - I'm different
  - Play computer games so you always have something to talk about!

- **How can the views of young people be included in the training of student nurses?**
  - Let us teach them about sex and drugs
  - Watch youtube a lot
  - They should be chosen by young people
  - Facebook and youtube
  - Come and talk to groups
  - Ask what is important to us and then do it
  - YouTube, facebook etc - lots of young people share their stories online already

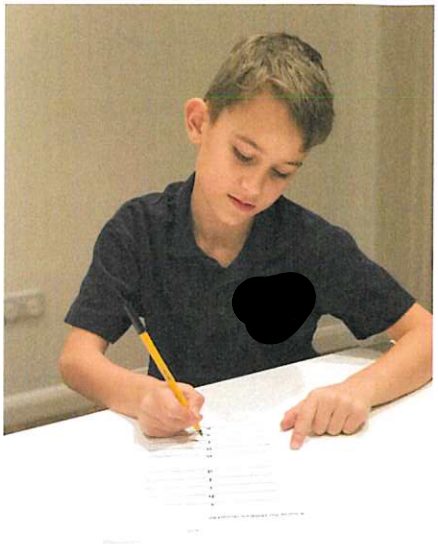
Working with Children and Young People

towards the

BSc (Hons) Nursing (Registered Nurse - Child)

and

MSc Nursing (pre-registration - Child)



[redacted]

Friday 19 October 2018

Thirteen children, from across the seven classes within the school, participated in games and activities about nursing and children's healthcare services.

Photographs used with parental and child consent

Yr R.

Colour in the Nurse

Look after babies

When you are sick they clean up sick

check your heart

Help you get better soon

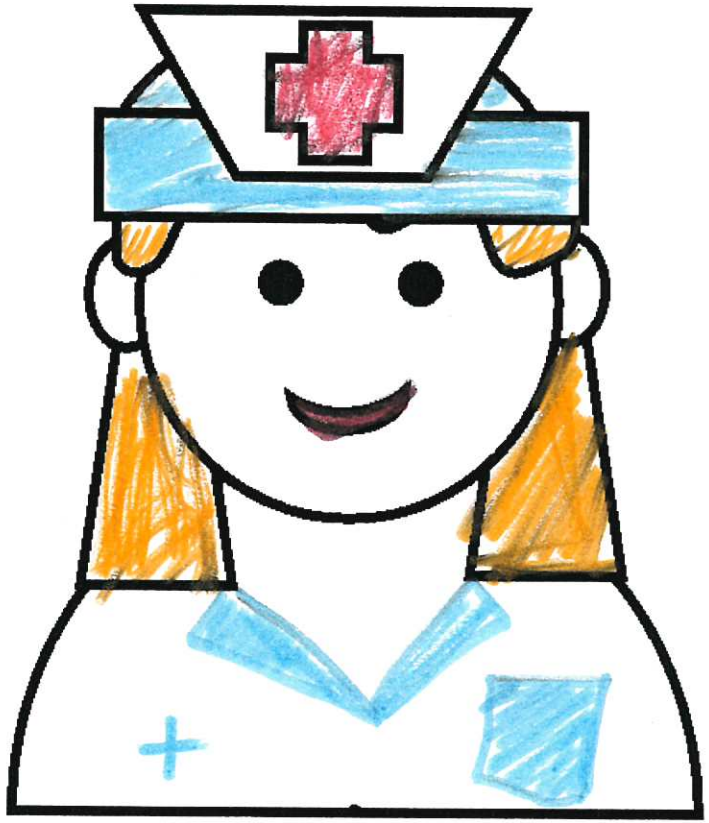
[redacted]

They are kind

Give you medicine and plasters

[redacted]

N is for nurse

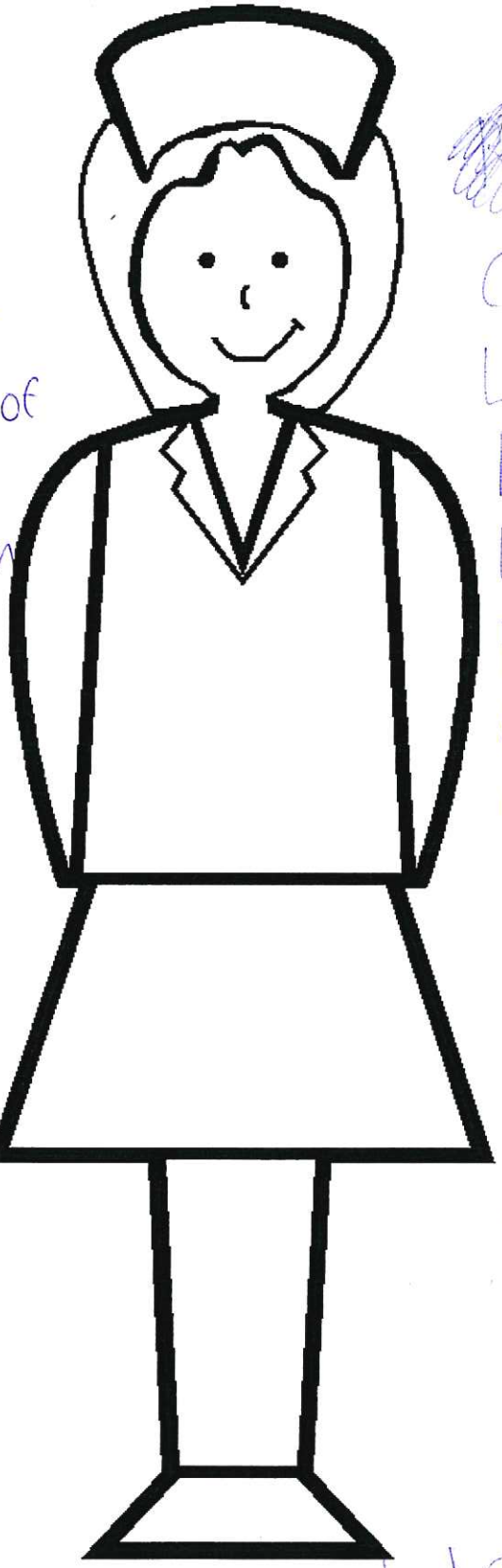


For more creative learning ideas check out
www.makinglearningfun.com

Yr 2

Colour in the Nurse

4r3

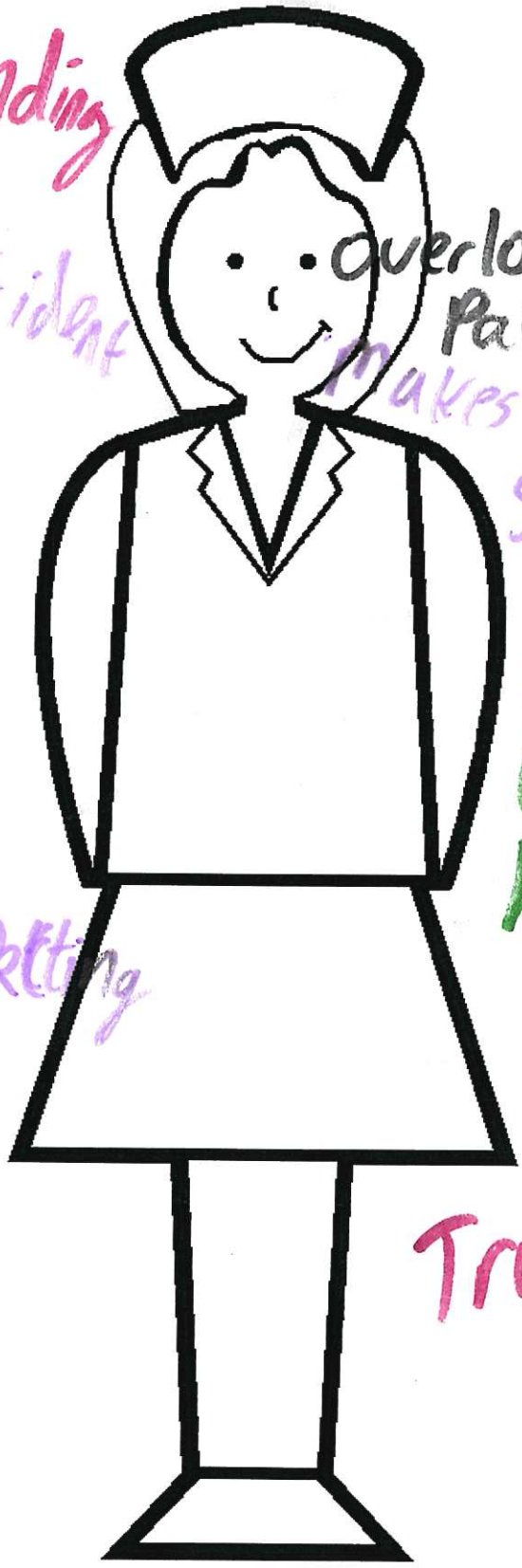


Understing
Listens to the
child in need of
medical help
Pays attention

Caring
Loving
Brave
Happy
Funny
Confident
Kind
Entertaining
Smile
knowledgeable
Trustworthy
Treats everone
equally
Trained

Respectable
Respecting

Yr 3


understanding
Confident
overlooks the
Patients looks
Personality
makes patients
smile
Keeps
Calm
Puts others
before
herself
Respecting
Trustworthy

Yr 4.

Name [redacted]

A nurse for children should be...

caring

happy

intelligent

loving

not scare **d**

knowledgeable

understanding

brave

supportive

Treats everyone **e**qually

Yr 4

Name [redacted]

A nurse for children should be...

c caring

h helpful

a little b **i** t serious

l ovely

listen to the person who needs **d** help

n ice

f **u** n

b **r** ave

should give kid **s** surprises

explain stuff w **e** ll

Yr 5

Name: [redacted]

A nurse for children should be... Kind.

c onfident

h elpful

i ndependent

skill **l** full

go **d** at explaining things

n ice

f **u** nny

r espectful

s ymathetic

e mpathetic

Yr 6

Name: [redacted]

A nurse for children should be...

c caring

h helpful

W **i** lling

l oving

d etermined

COMpas sio**n**ate

u nderstanding

T **r** ust worthy

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Working with Families

towards the

BSc (Hons) Nursing (Registered Nurse - Child)

and

MSc Nursing (pre-registration - Child)

Redacted text **Play Group, Gainsborough**

Monday 7th January 2019

Five parents and one child-minder participated in the focus group

Photographs used with parental consent

Focus group feedback - Parents and Families

- **Is it important that nurses have a specialism (child, learning disabilities, mental health and adults)?**
    - Yes - it is important people focus on the needs of the people they are going to care for, and become more highly trained in that
    - Yes - it's impossible to be good at everything and be everything to everybody
    - No - some children have learning disabilities, some don't. Same with adults. People are still people, even with learning disabilities. Why don't you separate off physical disabilities if you do learning disabilities?
    - Mental health is everyone's business, I don't see why it matters
    - Yes, I've cared for my grandmother and my Dad with lung cancer, and I've cared for the girls, it's very different. You need different skills, and so should nurses.

- **What qualities should a children's nurse have?**
    - They have to be motivated, if they aren't interested in that child then the child will know, and won't trust them.
    - Kind, compassionate, patient, a bit silly - if you can't connect with them it won't work
    - They have to be gentle and delicate; xxxxxx got scared the second a nurse grabbed his arm, there was no calming him down after that! He wasn't letting her anywhere near him.
    - They need to make time to play, in hospitals everyone can be so busy that they don't stop and be with older people. With kids they have to spend time around them or they'll not build that bond
    - They need to reassure the parents too; I was hysterical when we had to go in, and that did xxxxxx no favours!

- **What experiences should be included in the training of children's nurses?**

- They should start by not doing any jobs, just playing with kids on the wards so they see how important it is
- They should have some real life experiences too, like volunteering here!
- They've got to spend time with older kids too; in youth clubs, secondary schools and stuff. A lot of young people have like serious problems now a days, self-harm and that. I think they could feel really patronised if someone said "I'm a children's nurse". You need to think about what age you go up to, and make sure that they're good with the older ones as well.
- They should be really good before they're allowed to do anything on children - do they get to practice on each other first? *(explained about clinical simulation, training manikins etc)* Ok, but still as a parent you need to be able to say 'no'. I mean, I want them to practice their skills, but never on my children first! I think a lot of people would feel like that actually.

- **How can the views of children, young people and families be included in the education and training of student nurses?**
  - People should keep coming to things like this to ask us, we'd always tell you!
  - Parents will usually tell their story, most parents have had experiences of healthcare where they've not been happy with the way they were treated
  - It would be good to get the child to tell their story, and the parent to tell their version - to see how they differ
  - Yes, my friend's son is 14 and he had a kidney transplant; they'd do that. I'd like to read it actually, I bet it's really interesting.

Together

UNIVERSITY OF LINCOLN
SCHOOL OF HEALTH AND SOCIAL CARE

Future Nurse – curriculum consultation 2018

We are excited to announce that following the Nursing and Midwifery Council's publication of the Future Nurse: Standards of proficiency for registered nurses we are designing a new nursing programme and curriculum to reflect the changing landscape of nursing provision in healthcare.

Therefore, we are planning a variety of consultation events for members of the public, students, practice partners and staff to have an input into the new nursing programmes.

Open Public Consultation
30th October 2018 11am until 8pm – Sarah Swift Building

An open doors consultation 'drop in' event will be held on 30th October where academic staff will be showcasing the proposed content of the new curriculum. We will be asking members of the public to ask questions and provide feedback about proposals, including making suggestions for the new and enhanced programme.

We welcome as many people as possible to come along throughout the day or evening to share their views with us.

Together Group Consultation & Assimilation: Focus Group.
Friday 9th November 2018 2-3.30pm David Chiddick Building DCB 1111

We are inviting no more than **15** Together Group members to come along to a Focus Group meeting on the 7th November where we will consider the feedback from the public consultation and use this as a basis for discussion and decision making regarding what will feature within the new curriculum.

Numbers for this focus group are limited so it is essential that your interest in being involved is submitted as quickly as possible. Places will be offered on a first come first served basis.

In return for your attendance a one off payment of £15 plus travel expenses will be made.

Please coordinate all responses to Lucy Picksley, Participation Worker

Public Consultation

We are in the process of designing a new curriculum for the future of Nurse Education at the University of Lincoln and we would like you to have your say

Have Your Say on the Future Nurse

Open Day - please drop in at a time that suits you

Tuesday 30th October 2018 11.00 - 20.00

Sarah Swift Building, University of Lincoln

Please email shunt@lincoln.ac.uk with any questions about this event

WE CARE.
WE LISTEN.
WE RESPOND.

UNIVERSITY OF LINCOLN

Public Consultation

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WE CARE.
WE LISTEN.
WE RESPOND.

UNIVERSITY OF LINCOLN

Completed Consultation Feedback

Module specific feedback
• Module 2- consider Mental Health First Aid certificate –registrant • Module 1- Communication – service users could get involved here at an early stage to bring realism – also IPE to link to other health courses- service user • Module 3- The Nurse is the key person in the interdisciplinary team and often the only one that knows all that is going on, so is key. Nurses work in a variety of settings (not just NHS) SO GOOD TO GET AWARENESS AND EXPERIENCE OF THIS –service user • Like the personal resilience module- service user • Love module 9- Innovation to Transformation- with QI methodology and change project- could this be done in association with practice –registrant • Particularly like the Innovation module – content and assessment –registrant • In the Leadership and Practice education module is there a plan for a practical teaching component – registrant • I would like to see students on the Bsc Year 3 utilise their practice placement to support leadership and practice education module take a more formal approach to coaching- I am thinking about a modified CLIP model in practice –registrant • I like the Interprofessional , inter field approaches –which provide the opportunity for shared learning –registrant • Really like module 7- it's so important to promote health and wellbeing- registrant • Module 9- really good- registrant • Module 12- great place for this- registrant • Module 10- mandatory skills assessment- could it be an OSCE- more hands on practical experience sessions are beneficial for students- registrant • Consider ethics within initial first 4 modules- registrant • Teach confidentiality in terms of information sharing- IT etc.- registrant • It would be really useful to flip the third year modules – AH • I would be happy to lead the Innovation module and teach on PD and Resilience –AH • Rename module 9- Nursing in Title but MDT- registrant • In year 3- module 9, seems to be more about a QI (Quality Improvement) project rather than a business case- it might be worth considering the language used by the NHS, NHSi and NHSE nationally to avoid confusion –registrant • Year 3- module 12- is there a reason why the RN part is not on here but IS included in the same module at Msc Level –registrant • Enjoyed reading year 1 level 4 module notes- picked out that very similar outcomes are required for child/adult as well as mental health- I hope this plays out on a level field- it is all about signposting correctly and I feel that regular feedback about individual cases can only be beneficial to both nurses and patients (did the person get what they wanted) – service user and member of the public • Some of the modules seem not to discuss the social dimensions of health-emphasising lifestyle choices over structural dimensions- module titles appear quite wordy and perhaps not that engaging in attracting students- service user and lecturer • I would like to see a more explicit focus on issues relating to Diversity of difference in some of the modules- service user/lecturer • Year 2 level 5 module (Assessing Needs) – does Review and Evaluation form part of the Planning process –service user/lecturer • The Leadership module looks great but I would advocate a greater emphasis on leadership skills- service user/lecturer • Children's nurses tend to be more family centred – I would strongly encourage a new module title for modules 4,5,6 – Field specific Children's Nursing, Field Specific Adult

nursing and Field Specific Mental Health nursing- NOT holistic person centred – these are contradictions –nursing registrant

- It all looks new and exciting- I particularly like the Fundamental Nursing care and Personal Resilience and development modules in year 1- students appear to be well supported in learning the basic building blocks from which they will grow and develop in year 2, 3 and beyond –student
- I also like the Leadership and development skills/knowledge offered throughout the course in year 3 – potentially could build on this by year 3 students mentoring/coaching year 1 and 2 students- student
- Would like to see and keep some of the Problem based learning approaches /learning that has been introduced this year for year 3 students too- student
- It is good that resilience is taught early on in the course as I think this is an essential component. The diversification in module 4 works well as they have enough knowledge to chose – service user
- Wondered why little evidence of pharmacology in year 3- registrant
- Needs more overt evidence of Interprofessional education- registrant
- Would have liked to have seen an optional module in year 3- a speciality where they see their immediate future in nursing- i.e respiratory medicine –registrant
- We need more on the Politics of Health/ill health/structural inequalities and on nursing diverse and complex communities- it's there but needs to be louder and stronger and more apparent- academic colleague
- Make public health- MECC explicit in indicative contents-registrant
- Modules A and B in 3rd year and planner only 5 weeks- modules C and D – 12 weeks- does this not need equalising as each module is 30 credits- registrant and academic colleague
- Personal Resilience and development- There is a focus on personal values- however they are not just working in a vacuum- what about the complexities when examining relationships with the values of others, nurses, other professions, patients, and carers. Being asked to navigate this complex interaction is a key (underexplored) nursing skill. Values work is a behavioural skill, not a cognitive consideration- nursing registrant
- Leading and managing complex care in mental health- - why are resilience and emotional intelligence identified as key concepts- is this to the exclusion of others? There is nothing about key behavioural change concepts included which seems odd- nursing registrant
- Mental health nursing modules- the legal frameworks needs to be explicit- eg MCA 2005, MHA 1983 Equality Act and HRA. – There are only two mentions of Capacity- an understanding of this is vital to person centred care. Interprofessional working needs to be emphasised beyond the first year - PUBLIC
- Two specialist modules does not seem enough and it would be nice to see more added to the curriculum- HCPC registrant
- In relation to the paediatric programme- I feel it is crucial that there are at least one field specific modules each academic year to ensure that the Paediatric specialism is not watered down- registrant
- Year 3 level 6 re-major incident- what content is being taught and by whom? Will specialists be used to teach certain parts of the curriculum? Registrant
- Mental health- inclusion of restricted practice- what level of understanding /skills do mental health students have in this area or qualification?

Programme specific feedback
• Year 3- teaching days- Modules A and B are 5 weeks in length and C and D are 12 weeks in length- inequality for 30 credit modules –Module B would definitely benefit from more time-service user

- A clear focus around the patient and Interprofessional team in year one- I think this is very important-service user
- Good emphasis on leadership and professional responsibility in year 3- service user
- Nursing structure appropriate- placement provider
- 1st placement—nursing home or similar- are their enough that provide care to an adequate standard- and do they have the required amount of staff to supervise ?- Placement provider
- Include Human library events into all aspects of the course- service user and member of the public
- Need teams of skills lecturers- teaching to their strengths- registrant
- I am impressed that the new curriculum will ensure all nurses, regardless of speciality, are at a high standard and it is lovely that person centred care is a theme running throughout. However I think care needs to be taken to make sure that specialist skills are not diluted for example- paediatric nurses require a very unique skill set over and above that of an adult nurse- it is important that this is not lost- hopefully later practice placements will reflect such unique specialities to equip nurses with the skills and competencies vital to their specialist area of practice- HCPC registrant

Clinical skills specific feedback

- Is there a plan for clinical skills to be achieved at various points of the programme and /or have clinical skills be aligned to levels or years –registrant
- How much clinical skills teaching will be simulated – registrant
- Would like to see more simulated skills teaching- registrant
- More skills/simulation- registrant
- I was surprised to see a lack of skills based modules and practical skills based assessments- will nurses of the future delegate rather than `do` nursing practical's – service user
- Is there a risk that Essential nursing care skills will be forgotten by Year 3 when students will focus on extended skills- placement provider
- Many of the skills in Annex B are not widely practiced by nurses on the wards- students will need to be taught some eg ECG interpretation in University but will not be using this skill in practice as nurses do not usually do this- placement provider
- Existing staff will feel vulnerable when students are being taught extended skills that they don't have- placement provider
- There will be limited opportunity for students to practice some of the skills on placement- will they be more concerned with getting skill practice rather than actually talking to patients, helping with basic care needs – practice provider
- Students will be accessing placements at different Trusts- these Trusts may have to adapt existing policies to encompasses students being able to practice these skills- will these opportunities be the same for all students at all Trusts or will there be variety in policies and on what each Trust will allow- nursing provider
- With all the new programmes- Nursing Associates , Nursing degree, Masters and Apprentices- will there be a `competition` for practicing certain skills i.e. venepuncture – placement provider
- I would encourage the use of the terms Advanced throughout the modules which involve skills- use the terminology that the NMC use- registrant
- Is there any core skills at level 1- service user

- I want my nurse to be able to show skills in health promotion, empathy, basic care and being professional- service user
- What I would like is our student nurse to experience all areas and to be able to have the confidence to be a prescribing nurse- service user
- It would be really useful to have a KEY CHANGES summary sheet highlighting what's new and different in this curriculum- academic colleague
- Really like the closer integration of the three fields-we should go as far as we can with this- academic colleague
- Excellent presentation of curriculum- one suggestion though is to have an overview of key changes and the elements which are remaining the same-registrant
- Needs explicit development of empowering skills-nursing registrant
- The new curriculum demonstrates a highly skills nurse- which is great to see, however I would question how some of the advanced skills will be supported in practice- by practice supervisors and assessors who may not possess such skills themselves- registrant
- Appears to be a good structure- however, how ready are Trusts who hold placements to take an mentoring of new skills e.g. Non medical prescribing- is there a framework in place/being discussed- registrant

Assessment specific feedback

- Fundamental nursing care LO5 and Providing and Evaluating care- L06 – Both modules have a workbook as a method of assessment- whilst A and P and Pharmacology can be applied it involves a lot of recalling information which is ideally done under exam conditions - service user
- For Fundamental nursing care – a video based assessment would be useful to assess most of the Learning outcomes. Video assessments are innovative and mirror what is happening in practice – requires a level of observation skill as well- service user
- Year 3 modules- too many written assessments- need to include more variety to make assessments interesting, authentic and fair-service user
- Leadership and Practice education and Being an Accountable professional both have reflection as a method of assessment-service user
- A good range of assessments although only one OSCE- feel that they would benefit from more practical skills assessments- registrant
- Consider different assessment to poster presentation for Health Promotion – instead ask them to design a health promotion tool/health promotion session or health promotion resources – registrant
- Varied assessment methods will appeal to different students and is reflective of current healthcare practices – registrant
- Excellent range of assessment tasks- service user and lecturer
- Portfolio grading- could this be also used in module 4- service user
- Assessment of physiology- exam rather than workbook which I think would be best as directed study- registrant
- Consider wider use of case studies across the three years to develop problem solving skills and critical thinking skills/independent learning – there also needs to be consistency of teaching and of the student experience as well as good use of estates-registrant
- Why is Maths skills only assesses in year 3- this should be a basic requirement in the first year-registrant

Placement related feedback
• How does UoL intend to manage the phasing in of Practice Assessor role and manage the proposed PA register-registrant • Are there plans for an electronic practice assessment document ?- registrant • Does the student spoke out from the placement in a year with the same Practice Assessor and numerous Practice Supervisors –how will this be managed? –registrant • Will students expect/want certain 3rd year management placements where they can practice-utilise their extended skills-placement provider • Will the Practice Assessment Document be assessed over all three years- it is only mentioned in year 3 on the posters- registrant • Placements in year one require some thought re-nursing homes placements and parity of learning- registrant

General Feedback
• I like the cross over between the various specialities and the other AHP programmes – service user • It has been useful to invite the public to make comments on this set of programmes but how much do they really understand ?- placement provider • Could you arrange a similar consultation event in the foyer of each of the large NHS trust for Allied health professions and general public too make comments- placement provider • Upon qualification, will nurses gravitate towards nursing jobs where they will be able to utilise their extended skills rather than those jobs where they perceive these skills will not be required- i.e. ICU/A and E rather than HCCP/rehab- placement provider • Nurses need to apply practical knowledge- not just be good at paperwork and operate machinery- member of the public • It ought to be more focused on a social model- not Biomedical model – member of the public • Nurses ned to be good at communication skills not just technological skills –member of the public • Interprofessional education important- the best people to teach nurses assessment skills are Physiotherapists and Occupational therapists- member of the public • Communication skills must not be lost – nurses need to be able to listen, clarify and have checking skills- member of the public • Good levels of Interprofessional learning- registrant • I really like the overall feel of the programmes – it is great that there is a wide range of assessment types too- registrant • The curriculum content on the whole appears comprehensive – however self-care does not appear on the module contents explicitly- does this require further emphasis given that it is being done –registrant • Needs of patients vary depending on so many variables- so nurses need to learn to see wider picture and listen to patients and carers. Whilst the theory and background learning are very important, the key to being a good nurse is developing people skills. Listening and being able to see everyone as an individual – this must be captured in teaching and in case studies – service user • Looks varied and interesting – I can see how the new NMC regs are mapped into learning outcomes- service user • Given increased choice of specialities- what are the arrangements for students who might choose to swop specialities during programme delivery- service user

- Given importance of numeracy skills- I would expect them to have a higher profile across each level and careful consideration of different ways to apply and demonstrate skills- service user/faculty
- To me, person centred nursing practice is about considering the person as a whole- incorporating both mental, physical and social health- it is triaxial and covers all elements . Therefore person centred holistic adult, person centred holistic child and mental health is a contradiction to this purist view – nursing registrant
- It is good that basic skills are checked throughout the course and being an accountable professional is a good module to finish the course as it prepares them for the workforce- service user
- Overall looks a well balanced and integrated curriculum for adult nursing- registrant
- Need more Pharmacology, LGBTG perspectives, Health Promotion, Interprofessional working- registrant
- Consider summer recess optional modules and value added activities that link to the Lincoln Award – British Sign Language, a second language- and Food Hygiene –registrant
- We need a field specific module in each year- registrant
- There is no mention on the programme of supporting people with learning disabilities- registrant
- I think this is a busy and potentially very pressurised course and it feels very management focused- not nursing focused-registrant

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Consultation Feedback

MSc Nursing (Adult/Child/Mental Health)

Please tick to indicate your role	
Nursing registrant	6
Student	1 (1 x 3rd Year Health and Social Care)
Service user	7
Public	4
Physio registrant	1

Please can you give us some feedback on your thoughts on the Nursing programme. This could be about the content, the structure or the assessments for example. Thank you for your time and contribution.

I like the crossover between the various specialities and with the other AHP programmes.

Positive re systems/interprofessional working.

Can supervision, problem solving be brought into interprofessional area for different approach/idea etc?

Increased awareness of risk aversion is important and realisation that hospital is not a good/safe place to be.

Important that leadership is in early.

Focus on tying together of complex conditions/multi morbidity and seeing beyond single disease specific ‘what matters to you’? further rather than ‘what is wrong with you’: self care/promote independence rather than treatment/care for.

Interested in studying MSc Nursing (Mental Health). Modules look very interesting, very helpful speakers, hoping to apply for January 2020. Happy to help with NMC approval process.
[redacted]

Interested in the above course, informative conversations with staff members around the structure and content of the course. Happy to support with the NMC approval process[redacted]

Very interesting modules, variety of assessment methods – inclusive and authentic.

Interprofessional learning part of MSc is very positive, would like to maximise on this as an opportunity to develop IPL more.

Very positive to see an MSc programme, excellent opportunity for workforce development.

Module 4: should this module be leadership and assessment in nursing practice, or are there plans for PA development further on? Would like to see module 4 have a practice element attached, coaching/supervising/assessing other learners (not necessarily post/undergrad) in practice. (this may be a part of it).

Really impressed by the interprofessional link with Occupational Therapy and Physiotherapy. I counted 4 out of the 9 modules with this approach.

Nursing specific modules all appear to mirror the undergraduate route – good for consistency of training.

There appears to be some focus on practical skills and the assessment of skills which appears in line with the new standards.

Assessing needs, planning and coordinating care: is there anything included about discharge planning at the point of admission? – Seen this is Providing and evaluating care: is this more relevant to planning?

Looks great! Service transformation is excellent, group work positive, Biosciences and pharmacology exam great albeit slightly scary!! Module 6 good.

I like the service transformation module and assessment. Business case relevant and linkable to practice.

I like that modules can be worked to individual areas of practice.

The interprofessional nature of the design is impressive and will surely contribute to better healthcare and nurses.

The range of assessments appear to mimic current healthcare practice.

The service transformation project is especially interesting and relevant to practice.

Programme looks really good. Could you send me the information when the course is validated please on my personal email?

[redacted]

Difficulty of a programme with students starting at very different knowledge levels. Want to encourage and support those who have little previous experience, whilst allowing those with related degrees to extend and expand. Need to be able to ensure they are all able to reach the same level.

Use of service users to make clear the complexities of care and the need for interdisciplinary education. The nurse is the pivotal person in this linking other health professionals and seeing the full picture. Need to recognise this and ensure IPE is included.

The MSc looks clear and links to the NMC students well. My interpretation of modules 1 and 3 include greater levels of advanced clinical skills. There is a requirement to ‘interpret a number of investigations and assessments’ on the MSc. Yet on the same modules for the BSc this is not on the core module purpose.

I also think from a practice perspective MSc students will not necessarily go straight to band 5 position. MSc is often listed onto band 7/8 job descriptions and I think practice will have a higher expectation of the students on graduating.

A lot of presentations at MSc level. Would like to see more in class tests/exams.

Is there health promotion anywhere?

Does it cover the basics like the UG?

Ensuring the student (potential) are suitable for the programme.

Module on interprofessional practice final learning outcome reflect upon (your) professional goals. To highlight the need for students to relate interprofessional identity – this is early in their training (before placements) and may need guidance around this.

Service transformation module: student led outcome seem a little narrow for student led inquiry – could the 1st learning outcome read as "critically analyse and consider different approaches to introduce and embed changes" or other wording to encourage students to consider different models and justify their choice of method to investigate innovation and transformation or adapt a comparative approach to this[redacted]

It is good that interprofessional practice is taught early on as with the first module, this gives a good foundation on the course especially if it is for someone coming back or joining the nursing profession for the first time. It is crucial that we have inbuilt flexibility and accessibility to all courses.

UNIVERSITY OF
LINCOLN

Planning the Future Nurse Curriculum

Together Group Consultation Focus Group

Welcome to the University

- We would like to listen to your opinions and appreciate the sharing of these
- Please respect that the views of others within the group may differ
- Please note that discussions are at an early stage and therefore not confirmed or for public discussion

Your Wellbeing and Safety

- Housekeeping
- Fire evacuation procedures
- First aid
- Electrical safety

The need for change

- The role of the nurse is changing within the healthcare system
- New professional standards have been written and published this year
- The new education standards will replace the existing programme standards set in 2010 by the Nursing and Midwifery Council (NMC)

Healthcare Roles

- Advanced Clinical Practitioner (ACP)
- Registered Nurse (RN)
- Registered Nursing Associate (NA)
- Healthcare Assistant (HCA)

Standards of Proficiency for RN

The Seven Platforms:

1. Being an accountable professional
2. Promoting health and preventing ill health
3. Assessing needs and planning care
4. Providing and evaluating care
5. Leading and managing nursing care and working in teams
6. Improving safety and quality of care
7. Coordinating care

RN Skills Annexes

Annexe A:

Communication and relationship management skills

Annexe B: ***Nursing procedures***

- Part 1: Procedures for assessing people's needs for person-centred care
- Part 2: Procedures for the planning and management of person-centred nursing care

BSc (Hons) Nursing with …

- One programme with three fields of practice
  - Adult
  - Mental Health
  - Child

- NMC defines core knowledge and skills to be taught across all fields, that is contextualised to be field specific

Standards of Proficiency for NA

The Six Platforms:

1. Being an accountable professional
2. Promoting health and preventing ill health
3. Provide and monitor care
4. Working in teams
5. Improving safety and quality of care
6. Contributing to integrated care

NA Skills Annexes

Annexe A:

Communication and relationship management skills

Annexe B: ***Procedures to be undertaken by the Nursing Associate***

- Part 1: Procedures to enable effective monitoring of a person's condition
- Part 2: Procedures for person-centred care

Proposed Programme Structure

Year 1:

Code	Type	Working Title
T1A	Nursing	Fundamental nursing care
T1B	Nursing	Personal development and resilience
T1C	Nursing	Nursing and the interprofessional team
T1D	Field specific	Person-centred, holistic care **

Proposed Programme Structure

Year 2:

Code	Type	Working Title
T2A	Nursing	Assessing needs, planning and coordinating care
T2B	Nursing	Healthcare sciences
T2C	Nursing	Promoting health and preventing ill health
T2D	Nursing	Providing and evaluating care

Proposed Programme Structure

Code	Type	Working Title
T3A	Inter-professional	Innovation to transformation
T3B	Field specific	Leading and managing complex ** care
T3C	Inter-professional	Leadership and practice education
T3D	Nursing	Being an accountable professional

Nursing Associate Curriculum

- Work-based pathway, so delivered or taught separately
- Learners complete the same first year modules, and majority of the second year
- Have one bespoke module
  - ‘The Professional Nursing Associate’

Becoming a Registered Nurse

- Registered Nursing Associates would be able to join the Nursing programme with advanced standing

- NAs would complete one bridging module:
  - Contemporary Nursing Practice
- NAs would also complete the nursing module missed from their programme:
  - Assessing needs, planning and coordinating care

Advantages

- Career pathway from HCA to RN and beyond
- Nurses can use the ‘top up’ to gain a second registration
- Students unable to complete the full Nursing programme can transfer to the Nurse Associate programme (if suitable to do so!)

GROUP DISCUSSION

Evidence Cover Sheet

Appendix six:
Date(s): 17 August 2020
Appendix title(s): 6.1 Letter - confirmation of participation in the NMC's education programme of change
Context of the evidence: The formal records (including agendas, terms of reference, discussion papers and meeting minutes), of the NMC meetings that took place during the review of education and training Standards are marked as confidential, and therefore could not be provided as evidence of my participation in this programme change. I therefore asked the NMC for a letter of acknowledgement, that I could present as evidence within this thesis.
Purpose of the evidence: The letter from Anne Trotter, Assistant Director responsible for Education and Standards, provides evidence of why I was invited to join these groups and why my contribution was deemed valuable. The letter clearly explains the purpose of my lay roles and how these have contributed to the work of the NMC in setting professional standards.
Signposting to key points of reference: Page 1 - paragraph 3 - "I sought your participation to join aspects of this work as a lay member" Page 1 - paragraph 4 - "participated in as the sole lay member" Page 2 - paragraph 1 - "your role as a lay reference group member with service user experience of midwifery services was invaluable to the development of these new standards... ensuring that our standards are focused on what women and their families need from midwives… necessary to ensure that future midwives are capable of providing midwifery care that is kind, respectful and takes account of women's needs and preferences."

Mrs Sophia Hunt
Associate Professor
College of Social Science
University of Lincoln

shunt@lincoln.ac.uk

17 August 2020

By email only

Dear Sophia

Confirmation of participation in the NMC's education programme of change

I hope this letter finds you well during these unprecedented times.

I am pleased to confirm that you participated in our programme of change for education. This is work we set out to do as part of the NMC's corporate strategy for 2015-2020 where we set out to undertake a full review of all our education and training standards and our standards of proficiency for nursing and midwifery professions.

I sought your participation to join aspects of this work as a lay member of both reference and consultation assimilation groups as I was aware of the valuable role you undertake as a Lay NMC Quality Assurance of education visitor, (and prior to that as a lay reviewer for statutory supervision of midwives before Midwives Rules and Standards was withdrawn).

One of the groups that you participated in as the sole lay member during 2017/18 involved external nurse and midwife, and lay stakeholders who supported the co-production of new standards for education and training that we published in 2018: Standards Framework for Nursing and Midwifery Education. These standards were written to give approved education institutions and practice learning partners the flexibility to develop creative approaches to education. They also at the same time, allow institutions to still be accountable for the local delivery and management of approved programmes in line with our standards.

A second group that you participated in was the reference group that was supporting the NMC in co-producing new standards for pre registration midwifery programmes. This reference group was successful in shaping these new standards that were published in 2019 and your role as a lay reference group member with service user experience of midwifery services was invaluable to the development of these new standards. Having public and service user involvement in the development of our standards is vital in ensuring that our standards are focused on what women and their families need from midwives and what education and training standards are necessary to ensure that future midwives are capable of providing midwifery care that is kind, respectful and takes account of women's needs and preferences.

Ensuring that we hear the public and service user voice when we develop standards is crucial to our role in public protection and in ensuring that we firmly embed what is important to people who receive care from nurses and midwives. Thank you for your continued support over recent years and every best wish for the successful completion of your PhD studies. We would welcome an opportunity to read your thesis once completed.

Yours sincerely

Anne Trotter
Assistant Director. Education and Standards

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Evidence Cover Sheet

Appendix seven:
Date(s): 17 December 2018
Appendix title(s): 7.1 Reflections on the lay visitor role in quality assurance 7.2 NMC webpages - Brining the public voice into perspective
Context of the evidence: The NMC's senior public engagement officer, part of the external affairs team, contacted me because they wanted to promote the role and value that lay people contribute to their regulatory functions, specifically in the area of education. In late 2018, I was interviewed for the NMC newsletter and internal webpages (Hamilton, 2019), regarding the role and purpose of lay partners, and the value of the contribution we make to their work. This was published in early 2019: https://news-nmc.org.uk/t/129A-636OZ-4DUHQJTC32/cr.aspx
Purpose of the evidence: This interview was an opportunity for me to foreground the importance of engaging with members of the public in the evaluation of healthcare education and how the language of healthcare remains jargonistic and inaccessible for many people. This also interview served as a useful opportunity for me to reflect, on what I bring to the role of lay partner, on why I was selected for interview, and what makes my skill set and subsequent contribution unique within the field. It is my hope this interview will spotlight the role and value experts by experience can contribute to a professional regulator, opening the door for other lay people to become involved in this valuable work.
Signposting to key points of reference: 7.1 - page 1 - question 2, point 2 - "I have a responsibility to speak up if I am uncomfortable with a situation, or unsure that the needs of the public have been adequately considered" 7.1 - page 2 - question 3, point 1 - "Every interaction you have with a healthcare professional is important, and has a lasting impact on your health, your behaviours and the confidence and trust you have in the services being provided." 7.1 - page 3 - question 5, point 2 - "You need to build a rapport with people, and really listen to people's views, in order to best represent them." 7.2 - paragraph 10 - Being a lay person is very useful and helps to challenge peoples' assumptions. I love to hear examples from people who've received care with compassion, dignity and respect. I hope the NMC will continue to find new ways to connect with the public".

Reflections on the Lay Visitor Role in Quality Assurance

Sophia Hunt

- When did you become a lay visitor?

  - I have been a lay visitor since 2013, when the NMC and Mott MacDonald first introduced the role.

- In your own words, what is a lay visitor?

  - For me, the role of a lay visitor is as a critical friend to: the NMC, Mott MacDonald, education providers and to registrant reviewers. It is my role to ensure that the voice of the public is asked for and then heard. For example, in my experience, education providers and their practice partners have established ways of working together; processes and practices that have become 'local law'. Lay visitors provide fresh eyes, encourage reflection and positive change and this can challenge long established ways of doing things, it is a good way of placing people at the heart of all NMC professional education and training. Lay visitors are welcome to ask questions that might not be obvious to registrant reviewers or educators. It is a practical 'good-sense check' to help the programme team consider the ways in which they are working and identify positive enhancements.

  - As a lay visitor I take my role very seriously, and I have a responsibility to speak up if I am uncomfortable with a situation, or unsure that the needs of the public have been adequately considered. The review team consider me to be an equal member, and value my opinions equally to those of the registrants.

  - As a member of the public, I feel it is really important that people know that lay visitors are involved in all aspects of quality assurance, it makes the functioning of the NMC more accessible and transparent.

- What drew you to volunteer for the role?

  - When I was a child, and now as a mother, I have experienced a wide range of healthcare services. I have very clear memories of both the best and the worst care I received! Every interaction you have with a healthcare professional is important, and has a lasting impact on your health, your behaviours and the confidence and trust you have in the services being provided. This should not be underestimated, and the education and training of nurses, midwives and nursing associates should always reflect these values.

- What has been the high point of doing quality assurance monitoring?

  - There are high points to every visit I have done; and I find the role hugely rewarding. Sometimes I have been privileged enough to experience wonderful feedback from the public and from students regarding the quality of the education and training being provided. Witnessing programme teams working innovatively and collaboratively with the public and their practice partners to provide the highest standards of education and training is really inspiring; I love to hear examples from people who have received care from students about the compassion, dignity and respect they have been shown.

  - I also feel it is important, valuable and rewarding when we identify, and follow up on, areas of concern within programmes too. The review teams work really hard to ensure that the review is conducted to a high standard and in an open and transparent manner. I take pride in the way in which the review process is conducted, and when I leave the visit I am always confident that the correct outcomes have been reached. I am an equal partner to the registrant members of the review team, and we all stay until we are all comfortable that the process has been undertaken correctly and that the outcomes reflect our findings.

- What, if any, challenges do you face on visits?

  - Initially, I found it very challenging to understand what was expected of me, and the training to become a lay reviewer (and now a lay visitor) was quite overwhelming. Registrants and educators tend to underestimate the volume of

specialist language, acronyms and jargon that they use in every conversation, and it can take a while to learn the language of nursing, midwifery and higher education as a whole.

- The pace of visits is very fast, and you need to move, think and process information quickly. You need to build a rapport with people, and really listen to people's views, in order to best represent them. The same applies to writing your report afterwards. I think that being less experienced in the technical language than the registrant reviewers makes this consistently challenging - although no one ever minds you asking what something means or to explain in more depth. Being a lay person is actually very useful and really helps to challenge peoples' assumptions!

- Lay visitors as also asked to go on the full range of quality assurance visits, whereas registrants will stick to their own field of practice or part of the register; therefore, arguably as a lay visitor you end up having a more rounded picture of the education and training of NMC registerable qualifications than the majority of other reviewers! This is really valuable and I am so proud of how much I have learnt through my involvement.

- Would you recommend more members of the public to get involved, and why?

- Yes, I whole-heartedly would encourage more people to get involved. Being a reviewer is one of the best things I've done, but it won't be for everyone. There are so many ways that people can become positively and constructively involved in the education and training of future nurses, midwives and nursing associates. I have seen huge developments in the ways in which education providers are now working collaboratively with the public to enhance programmes, and this can be achieved for people on a very local level. Getting involved in consultation and changes to standards is also really important and hugely accessible. I hope that the NMC will continue to find new and innovative ways to connect their work with the public.

Nursing & Midwifery Council

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Bringing the public voice into perspective

We have a number of partners who help us ensure the public voice is heard as we support nursing associates, midwives and nurses to strive for the highest standards.

Within the business, we have our Quality Assurance (QA) team who ensures that education programmes for nursing associates, nurses and midwives meet required standards so they can join our register.

Outside the business, we have people who don't have nursing or midwifery backgrounds called lay visitors who volunteer their time to help us evaluate our training programmes.

Sophia Hunt has been a lay visitor since 2013, the same year we introduced this role with Mott McDonald.

"Education providers and their practice partners have ways of working that have become 'local law,'" Sophia says. "We provide fresh eyes. This can challenge long established ways of doing things."

Sophia says the review teams consider her an equal partner and that they value her opinions.

She works alongside registrant visitors but being a member of the public is an added advantage because some registrant visitors "will stick to their own field of practice or part of the register."

Sophia continues: "Arguably as a lay visitor you end up having a more rounded picture because we visit all areas. We help to challenge people's assumptions."

The role involves fast-paced visits, building rapport and listening to patients then writing reports that accurately reflect their views afterwards. Sophia says medical jargon and the lay visitor training can be challenging but she'd still encourage people to take up the role.

"Being a lay person is very useful and helps to challenge peoples' assumptions. I love to hear examples from people who've received care with compassion, dignity and respect. I hope the NMC will continue to find new ways to connect with the public."

Evidence Cover Sheet

Appendix eight:
Date(s): 17 April 2019
Appendix title(s): 8.1 Programme approval visit report: University of Worcester
Context of the evidence: This prospective programme approval report details the conjoint approval of the University of Worcester's BSc (Hons) Nursing programmes in the adult, mental health and children's fields of practice. The programme was validated against the NMC's framework of Realising professionalism: Standards for education and training (NMC, 2018) including the Future nurse: Standards of proficiency for registered nurses (NMC, 2018). I co-authored the report with the NMC registrant quality assurance visitor. The report represents the first approval visit I had undertaken on behalf of the NMC.
Purpose of the evidence: The University of Worcester demonstrated a high level of engagement and coproduction with their personal experience group, known as IMPACT. I found it significant that the University consistently referred to people as "members of the IMPACT group", rather than "service users", which represented a humanistic and person-centred approach to partnership that I was keen to echo in the final report. Whilst I was able to achieve this at some points, the NMC require consistent language to be used, that can be easily understood by all. Therefore, at points within the report the IMPACT group members have been referred to as service users and carers. Despite having a very successful IMPACT group, representative of experiences of individuals with learning disabilities and their carers could be increased. This resulted in one NMC recommendation to the University. It also became apparent to me during the writing of this report, how little is captured regarding the University's engagement with people with lived experience because things are being done well; the focus of the reports is on aspects that are not meeting the requirements. This diminishes the potential for sharing of good practises.
Signposting to key points of reference: Page 11 - Findings against the standard and requirements - paragraph 5 Page 19 and 20 - Findings against requirement 2.4 Page 24 - NMC recommendation one

Better, safer care through quality assurance of nursing, midwifery and nursing associate education.

Programme approval visit report

Section one

Programme provider name:	University of Worcester
In partnership with: *(Associated practice learning partners involved in the delivery of the programme)*	Gloucestershire Hospitals NHS Trust Worcestershire Acute Hospitals NHS Trust Wye Valley NHS Trust Martha Trust Hereford (Adult) 2Gether NHS Foundation Trust Private voluntary and independent healthcare providers
Programmes reviewed: (*Tick all that apply)*	*Pre-registration nurse qualification leading to* Registered Nurse – Adult ☒ Registered Nurse – Child ☒ Registered Nurse - Learning Disabilities ☐ Registered Nurse - Mental Health ☒ *Nursing Degree Apprenticeship (NDA) route* NDA Adult ☐ NDA Child ☐ NDA Learning Disabilities ☐ NDA Mental Health ☐ *Dual award - pre-registration nursing* Dual award - adult/mental health ☐ Dual award - adult/child ☐ Dual award - adult/learning disabilities ☐ Dual award - mental health/learning disabilities ☐ Dual award - mental health/child ☐ Dual award - learning disabilities/child ☐
Title of programme(s):	BSc (Hons) Nursing Adult BSc (Hons) Nursing Mental Health BSc (Hons) Nursing Children's

Academic levels:	
Registered Nurse – Adult	England, Wales, Northern Ireland ☐ Level 5 ☒ Level 6 ☐ Level 7 SCQF ☐ Level 8 ☐ Level 9 ☐ Level 10 ☐ Level 11
Registered Nurse – Child	England, Wales, Northern Ireland ☐ Level 5 ☒ Level 6 ☐ Level 7 SCQF ☐ Level 8 ☐ Level 9 ☐ Level 10 ☐ Level 11
Registered Nurse - Learning Disabilities	England, Wales, Northern Ireland ☐ Level 5 ☐ Level 6 ☐ Level 7 SCQF ☐ Level 8 ☐ Level 9 ☐ Level 10 ☐ Level 11
Registered Nurse - Mental Health	England, Wales, Northern Ireland ☐ Level 5 ☒ Level 6 ☐ Level 7 SCQF ☐ Level 8 ☐ Level 9 ☐ Level 10 ☐ Level 11
NDA Adult	England, Wales, Northern Ireland ☐ Level 5 ☐ Level 6 ☐ Level 7 SCQF ☐ Level 8 ☐ Level 9 ☐ Level 10 ☐ Level 11
NDA Child	England, Wales, Northern Ireland ☐ Level 5 ☐ Level 6 ☐ Level 7 SCQF ☐ Level 8 ☐ Level 9 ☐ Level 10 ☐ Level 11
NDA Learning Disabilities	England, Wales, Northern Ireland ☐ Level 5 ☐ Level 6 ☐ Level 7 SCQF ☐ Level 8 ☐ Level 9 ☐ Level 10 ☐ Level 11
NDA Mental Health	England, Wales, Northern Ireland ☐ Level 5 ☐ Level 6 ☐ Level 7 SCQF ☐ Level 8 ☐ Level 9 ☐ Level 10 ☐ Level 11

Dual award - adult/mental health	England, Wales, Northern Ireland ☐ Level 5 ☐ Level 6 ☐ Level 7 SCQF ☐ Level 8 ☐ Level 9 ☐ Level 10 ☐ Level 11
Dual award - adult/child	England, Wales, Northern Ireland ☐ Level 5 ☐ Level 6 ☐ Level 7 SCQF ☐ Level 8 ☐ Level 9 ☐ Level 10 ☐ Level 11
Dual award - adult/learning disabilities	England, Wales, Northern Ireland ☐ Level 5 ☐ Level 6 ☐ Level 7 SCQF ☐ Level 8 ☐ Level 9 ☐ Level 10 ☐ Level 11
Dual award - mental health/learning disabilities	England, Wales, Northern Ireland ☐ Level 5 ☐ Level 6 ☐ Level 7 SCQF ☐ Level 8 ☐ Level 9 ☐ Level 10 ☐ Level 11
Dual award - mental health/child	England, Wales, Northern Ireland ☐ Level 5 ☐ Level 6 ☐ Level 7 SCQF ☐ Level 8 ☐ Level 9 ☐ Level 10 ☐ Level 11
Dual award - learning disabilities/child	England, Wales, Northern Ireland ☐ Level 5 ☐ Level 6 ☐ Level 7 SCQF ☐ Level 8 ☐ Level 9 ☐ Level 10 ☐ Level 11
Date of approval visit:	17 April 2019
Programme start date:	

RN – Adult	02 September 2019
RN – Child	02 September 2019
RN - Learning Disabilities	
RN - Mental Health	02 September 2019
NDA Adult	
NDA Child	
NDA Learning Disabilities	

NDA Mental Health		
Dual award - A/MH		
Dual award - A/C		
Dual award - A/LD		
Dual award - MH/LD		
Dual award - MH/C		
Dual award - LD/C		
QA visitor(s):	Registrant Visitor: Jill Foley Lay Visitor: Sophia Hunt	

Section two

Summary of review and findings
The University of Worcester (UoW) presented for approval an undergraduate three-year BSc (Hons) pre-registration nursing programme in the adult, children's and mental health fields of nursing. The programme is mapped against the Nursing and Midwifery Council (NMC) Standards for pre-registration nursing programmes (NMC, 2018) and Future nurse: Standards of proficiency for registered nurses (NMC, 2018). The practice learning environments used for the programme are extensive and include designated European Erasmus exchanges. The main practice learning partners (PLPs) are: Worcester Acute Hospitals NHS Trust; Worcester Health and Care Trust; Wye Valley NHS Trust; 2Gether NHS Foundation Trust; Gloucester Hospitals NHS Foundation Trust; Independent, voluntary and GP sector organisations; and the Dudley Hospital Group Foundation Trust. The programme documentation and approval process confirm evidence of effective partnership working between the approved education institution (AEI), its PLPs, service users and carers and students. There is clear evidence of the involvement of each key stakeholder group and their commitment to the co-production, delivery and continual enhancement of the programme. Documentary evidence and discussion at the approval visit confirms the Standards framework for nursing and midwifery education (NMC, 2018) and the Standards for student supervision and assessment (NMC, 2018) are met at programme level. The University of Worcester is part of the Midlands, Yorkshire and East Practice Learning Group (MYEPLG). The practice assessment documentation (MYEPAD) and ongoing achievement record (MYEOAR) used within the programme has been developed collaboratively with this group. This initiative provides a consistent approach to the assessment of practice which is understood and welcomed by PLPs. The AEI works collaboratively with PLPs to address any concerns raised in external system regulator reports, including those from the Care Quality Commission (CQC). This collaboration ensures that action plans are implemented which aim to prevent any compromise with regard to safety within the practice learning environment or the quality of the student learning experience. The programme is recommended to the NMC for approval subject to two conditions. One NMC recommendation is made. There are three university actions. Updated 24 May 2019

Evidence was provided to meet the two conditions. The conditions and related standards/requirements are now met.

The programme is recommended to the NMC for approval.

Recommended outcome of the approval panel	
Recommended outcome to the NMC:	Programme is recommended to the NMC for approval ☐ Programme is recommended for approval subject to specific conditions being met ☒ Recommended to refuse approval of the programme ☐
Conditions: *Please identify the standard and requirement the condition relates to under the relevant key risk theme.* *Please state if the condition is AEI/education institution in nature or specific to NMC standards.*	**Effective partnership working: collaboration, culture, communication and resources:** None identified **Selection, admission and progression:** None identified **Practice learning:** None identified **Assessment, fitness for practice and award:** Condition one: The programme team must make explicit the theoretical content for nurses responsible for general care as applied to the adult field in the programme modules. (Standards for pre-registration nursing programmes R2.11) Condition two: The programme team must clarify and consistently use the correct programme title across all documentation. (Standards for pre-registration nursing programmes R5.1) **Education governance: management and quality assurance:** None identified
Date condition(s) to be met:	17 May 2019
Recommendations to enhance the programme delivery:	Recommendation one: The programme team should consider strengthening theoretical learning related to

	caring for people who have learning disabilities. Standards for pre-registration nursing (R2.4, R3.1) There are three university actions: Action one: Enhance and monitor the consistency of support provided by personal academic tutors (PATs). (university action) Action two: Reconsider the number and broadness of intended learning outcomes (ILOs) across all modules. (university action) Action three: Review module PRNG 2101 and PRNG 3101 to ensure that threshold expectations at level 5 and 6 demonstrate progression. (university action)
Focused areas for future monitoring:	The allocation of designated theory and practice hours and the learning experiences assigned to these hours continues to be clear and appropriate. Adult nursing students continue to achieve the full range of theoretical and clinical instruction required within the EU Directive. RPL procedures are implemented in accordance with the programme outcomes and NMC requirements (Standards of pre-registration nursing programmes and Standards of proficiency for registered nurses (NMC, 2018).

Programme is recommended for approval subject to specific conditions being met	
Commentary post review of evidence against conditions: The programme team has reviewed the core and adult field modules and made explicit the theoretical content for nurses responsible for general care. The relevant module specifications have been amended to reflect the content general care requirements. Condition one is now met. The programme team has discussed the programme title with the academic registrar and confirm the exact title of the awards. Programme and student facing documentation has been amended to reflect the correct title of the awards. Condition two is now met.	
AEI Observations	**Observations have been made by the education institution** **YES** ☒ **NO** ☐

Summary of observations made, if applicable	Observations related to the outcomes of the approval from a university perspective. The university do not identify conditions and recommendations. Their process is to identify university actions. To reflect the conjoint approval process the report now identifies the two NMC conditions and one recommendation and has been amended to reflect university actions.
Final recommendation made to NMC:	Programme is recommended to the NMC for approval ☒ Recommended to refuse approval of the programme ☐
Date condition(s) met:	24 May 2019

Section three

NMC Programme standards
Please refer to NMC standards reference points
Standards for pre-registration nursing programmes (NMC, 2018)
Future nurse: Standards of proficiency for registered nurses (NMC, 2018),
Standards framework for nursing and midwifery education (NMC, 2018)
Standards for student supervision and assessment (NMC, 2018)
The Code: Professional standards of practice and behaviour for nurses and midwives
QA Framework for nursing, midwifery and nursing associate education (NMC, 2018)
Please refer to NMC standards reference points
Standards for pre-registration nursing programmes (NMC, 2018)
Future nurse: Standards of proficiency for registered nurses (NMC, 2018),
Standards framework for nursing and midwifery education (NMC, 2018)
Standards for student supervision and assessment (NMC, 2018)
The Code: Professional standards of practice and behaviour for nurses and midwives
QA Framework for nursing, midwifery and nursing associate education (NMC, 2018)
QA Handbook

Partnerships
The AEI works in partnership with their practice learning partners, service users, students and all other stakeholders.
Please refer to the following NMC standards reference points for this section: *Standards framework for nursing and midwifery education* (NMC, 2018) **Standard 1: The learning culture:** R1.12 ensure programmes are designed, developed, delivered, evaluated and co-produced with service users and other stakeholders R1.13 work with service providers to demonstrate and promote inter-professional learning and working **Standard 2: Educational governance and quality:** R2.2 all learning environments optimise safety and quality taking account of the diverse needs of, and working in partnership with, service users, students and all other stakeholders R2.4 comply with NMC *Standards for student supervision and assessment* R2.5 adopt a partnership approach with shared responsibility for theory and practice supervision, learning and assessment, including clear lines of communication and accountability for the development, delivery, quality assurance and evaluation of their programmes R2.6 ensure that recruitment and selection of students is open, fair and transparent and includes measures to understand and address underrepresentation R2.7 ensure that service users and representatives from relevant stakeholder groups are engaged in partnership in student recruitment and selection **Standard 3: Student empowerment:** R3.3 have opportunities throughout their programme to work with and learn from a range of people in a variety of practice placements, preparing them to provide care to people with diverse needs R3.16 have opportunities throughout their programme to collaborate and learn with and from other professionals, to learn with and from peers, and to develop supervision and leadership skills R3.17 receive constructive feedback throughout the programme from stakeholders with experience of the programme to promote and encourage reflective learning R3.18 have opportunities throughout their programme to give feedback on the quality of all aspects of their support and supervision in both theory and practice.

Standard 4: Educators and assessors:

R4.7 liaise and collaborate with colleagues and partner organisations in their approach to supervision and assessment

R4.9 receive and act upon constructive feedback from students and the people they engage with to enhance the effectiveness of their teaching, supervision and assessment

R4.10 share effective practice and learn from others

Standard 5: Curricula and assessment:

R5.4 curricula are developed and evaluated by suitably experienced and qualified educators and practitioners who are accountable for ensuring that the curriculum incorporates relevant programme outcomes

R5.5 curricula are co-produced with stakeholders who have experience relevant to the programme

R5.14 a range of people including service users contribute to student assessment

Standards for student supervision and assessment **(NMC, 2018)**

Standard 1: Organisation of practice learning:

R1.4 there are suitable systems, processes, resources and individuals in place to ensure safe and effective coordination of learning within practice learning environments

R1.7 students are empowered to be proactive and to take responsibility for their learning

R1.8 students have opportunities to learn from a range of relevant people in practice learning environments, including service users, registered and non-registered individuals, and other students as appropriate

Standard 2: Expectations of practice supervisors:

R2.2 there is support and oversight of practice supervision to ensure safe and effective learning

Standard 3: Practice supervisors: role and responsibilities:

R3.3 support and supervise students, providing feedback on their progress towards, and achievement of, proficiencies and skills

Standard 4: Practice supervisors: contribution to assessment and progression:

R4.3 have sufficient opportunities to engage with practice assessors and academic assessors to share relevant observations on the conduct, proficiency and achievement of the students they are supervising

Standard 7: Practice assessors: responsibilities:

R7.9 communication and collaboration between practice and academic assessors is scheduled for relevant points in programme structure and student progression

Standard 9: Academic assessors: responsibilities:

R9.6 communication and collaboration between academic and practice assessors is scheduled for relevant points in programme structure and student progression

Findings against the standard and requirements

Provide an evaluative summary about the effectiveness of the partnerships between the AEI and their practice learning partners, service users, students and any other stakeholders.

We found strong evidence of effective partnership working between the programme team and key stakeholders. The documentary analysis demonstrates the programme team's commitment to work with key stakeholders to co-produce, deliver and continually enhance the proposed programme. A variety of stakeholder events were hosted by the university to ensure inclusive consultation during programme development. At the approval visit PLPs, students, service users and carers confirmed the effectiveness of the partnerships. We heard evidence from these key stakeholders that their role and contribution to programme development is valued.

There is a clear commitment from the university and its stakeholders to work together to support the implementation, delivery, evaluation and enhancement of the programme. A range of PLPs from NHS service providers and members of the private, voluntary and independent sector (PVI) attended the approval visit. They are very supportive of the programme team and are enthusiastic about the implementation of the NMC 2018 standards. They told us they plan to up skill their own staff and amend internal policies to facilitate student learning across the range of skills and procedures in annexes A and B of the Future nurse: Standards of proficiency for registered nurses.

We found good examples of partnership working with other AEIs. The university is a member of the Midlands, Yorkshire and East practice learning group (MYEPLG). This group has developed the regional PAD which will be used in the programme. PLPs told us that they support this development. They also described a proactive approach to prepare practice assessors and supervisors for their roles. The programme team confirmed they will be involved in the roll out of this preparation in partnership with PLPs.

Academic staff are linked to zoned practice learning areas. PLPs are positive about the programme team's engagement with practice learning organisations through this system. They told us how they work together to support students and through action planning mitigate risk in response to education and service evaluations including the findings of CQC quality reviews.

The university has an active and well supported service user and carer group known as IMPACT. Members of the group have been engaged throughout the development of the new pre-registration nursing programme. They stated that they feel valued and respected as experts by experience. Group members represent a wide range of health and care needs. Currently they have more involvement with

mental health nursing students. Discussions are ongoing with the programme team and budget holders to increase the equity of this engagement across the nursing fields. IMPACT members identified where they have influenced curriculum design and delivery. They also provided examples of their involvement in interviewing prospective candidates, simulation and within the mental health field assessment of student learning.

Students and service user and carer representatives identified that the learning disabilities field of nursing content in the programme could be increased.

The programme team should consider strengthening theoretical learning related to caring for people who have learning disabilities. (Recommendation one) Standards for pre-registration nursing (R2.4, R3.1)

Documentary analysis provides evidence of comprehensive strategies which aim to provide students with personal, academic and practice learning support across learning environments. These are student centred. At the approval visit we met current students from each field and year group, and two recent graduates. Students report high levels of support in practice learning environments and in the university. Students on year one of the programme who will transfer to the new programme at the beginning of their second year are very positive about this opportunity. Students entering their third year in the next academic year will remain on the current programme but move to the new standards for student supervision and assessment (NMC, 2018). Both student groups are able to articulate the key differences in practice assessment roles. Students described their involvement in the development of the new programme proposal and report that the programme team listen to their opinions. This includes influencing the design of the programme structure and placing contact days within the new practice learning placement journeys.

Assurance is provided that the AEI works in partnership with their practice learning partners, service users, students and all other stakeholders as identified in Gateway 1: *Standards framework for nursing and midwifery education*

MET ☒ **NOT MET** ☐

Please provide any narrative for any exceptions

Assurance is provided that the AEI works in partnership with their practice learning partners, service users, students and all other stakeholders as identified in Gateway 2: *Standards for student supervision and assessment*

MET ☒ **NOT MET** ☐

Please provide any narrative for any exceptions

If not met, state reason and identify which standard(s) and requirement(s) are not met and the reason for the outcome

Student journey through the programme
Standard 1: Selection, admission and progression
Approved education institutions, together with practice learning partners, must: R1.1 Confirm on entry to the programme that students: R1.1.1 are suitable for their intended field of nursing practice: adult, mental health, learning disabilities and children's nursing R1.1.2 demonstrate values in accordance with the Code R1.1.3 have capability to learn behaviours in accordance with the Code R1.1.4 have capability to develop numeracy skills required to meet programme outcomes R1.1.5 can demonstrate proficiency in English language R1.1.6 have capability in literacy to meet programme outcomes R1.1.7 have capability for digital and technological literacy to meet programme outcomes. R1.2 ensure students' health and character are sufficient to enable safe and effective practice on entering the programme, throughout the programme and when submitting the supporting declaration of health and character in line with the NMC's health and character decision-making guidance. This includes satisfactory occupational health assessment and criminal record checks R1.3 ensure students are fully informed of the requirement to declare immediately any cautions or convictions, pending charges or adverse determinations made by other regulators, professional bodies and educational establishments, and that any declarations are dealt with promptly, fairly and lawfully R1.4 ensure the registered nurse responsible for directing the educational programme or their designated registered nurse substitute are able to provide supporting declarations of health and character for students who have completed a pre-registration nursing programme R1.5 permit recognition of prior learning that is capable of being mapped to the *Standards of proficiency for registered nurses* and programme outcomes, up to a maximum of 50 percent of the programme and comply with Article 31(3) of Directive 2005/36/EC (included in annexe one of programme standards document) R1.6 for NMC registered nurses permit recognition of prior learning that is capable of being mapped to the *Standards of proficiency for registered nurses* and programme outcomes that may be more than 50 percent of the programme

R1.7 support students throughout the programme in continuously developing their abilities in numeracy, literacy, digital and technological literacy to meet programme outcomes, and

1.8 ensure that all those enrolled on pre-registration nursing programmes are compliant with Article 31(1) of Directive 2005/36/EC regarding general education length as outlined in annexe one in programme standards document.

Standards framework for nursing and midwifery education specifically R2.6, R2.7, R2.8, R2.10

Proposed transfer of current students to the programme under review

Demonstrate a robust process to transfer current students onto the proposed programme to ensure programme learning outcomes and proficiencies meet the *Standards for pre-registration nursing programmes* (NMC, 2018).

Findings against the standard and requirements

Evidence provides assurance that the following QA approval criteria are met:

- Evidence that selection processes ensure entrants onto the programme are suitable for the intended field of nursing practice and demonstrate values and have capability to learn behaviours in accordance with the Code. Evidence of service users and practitioners involvement in selection processes. (R1.1.1, R1.1.2, R1.1.3)

YES ☒ **NO** ☐

- Evidence of selection processes, including statements on digital literacy, literacy, numeracy, values based selection criteria, educational entry standard required, and progression and assessment strategy, English language proficiency criteria specified in recruitment processes (R1.1.4 – R1.1.7).

YES ☒ **NO** ☐

- There is evidence of occupational health entry criteria, inoculation and immunisation plans, fitness for nursing assessments, Criminal record checks and fitness for practice processes detailed (R1.2)

YES ☒ **NO** ☐

- Health and character processes are evidenced including information given to applicants and students, including details of periodic health and character review timescales. Fitness for practice processes evidenced and information given to applicants and students are detailed (R1.3)

YES ☒ **NO** ☐

- Processes are in place for providing supporting declarations by a registered nurse responsible for directing the educational programme (R1.4)

YES ☒ **NO** ☐

Provide an evaluative summary from your documentary analysis and evidence AND discussion at the approval visit to demonstrate if assurance is provided that the QA approval criteria below is met or not met

- Evidence of recognition of prior learning processes, mapped against programme outcomes at all levels and against academic levels of the programme up to a maximum of 50 percent of the programme and comply with Article 31(3) of Directive 2005/36/EC (R1.5)

MET ☒ **NOT MET** ☐

R1.5 is met. The programme specification clearly states that recognition of prior learning (RPL) can only be applied up to a maximum of 50 percent of the programme. Documentation demonstrates compliance with Article 31(3) of Directive 2005/36/EC. The maximum RPL and processes used to map prior learning of candidates was discussed by the programme team at the approval visit. Currently this route is used mainly by students who enter the programme having studied a foundation degree in health and social care/mental health. The mapping documentation used was approved through the school's quality processes in 2016. The programme team confirmed that a new mapping document is being developed for the 2019 programme and will be finalised once the programme has been approved.

Candidates applying for RPL are subject to the programme's entry and selection processes.

All RPL claims are reviewed by the admissions tutor and programme leader. They are then reviewed by the school's quality co-ordinator and one of the external examiners for the programme. They are finally approved by the Learning Teaching Quality and Enhancement (LTQE) committee on behalf of the relevant assessment board.

- Evidence that for NMC registered nurses recognition of prior learning is capable of being mapped to the *Standards of proficiency for registered nurses* and programme outcomes (R1.6)

MET ☒ **NOT MET** ☐

R1.6 is met. The programme specification clearly states that RPL for registered nurses that can be mapped to the Standards of proficiency for registered nurses and programme outcomes may be more than 50 percent of the programme. This was confirmed by the programme team at the approval visit. They confirmed that each candidate is required to submit documentary evidence of their prior learning, mapped against the programme outcomes and Standards of proficiency for registered nurses. These claims are subject to the governance arrangements described in section R5.1.

- Numeracy, literacy, digital and technological literacy mapped against proficiency standards and programme outcomes. Provide evidence that the programme meets NMC requirements, mapping how the indicative content meets the proficiencies and programme outcomes.

Ongoing achievement record (OAR) and practice assessment document (PAD) are linked to competence outcomes in numeracy, literacy, digital and technological literacy to meet programme outcomes. Detail support strategies for students throughout the programme in continuously developing their abilities in numeracy, literacy, digital and technological literacy to meet programme outcomes (R1.7)

MET ☒ **NOT MET** ☐

R1.7 is met. Each candidate's capability to develop numeracy, literacy, digital and technological literacy skills is explored as part of the admission processes. This includes achievement of the academic entry criteria, submission and consideration of their online UCAS application, and literacy and group numeracy exercises during the selection day. International candidates must meet the programme's academic requirements.

One of the programme outcomes focuses upon the application of numeracy, literacy, digital and technological skills. This outcome is mapped against each module within each year. The programme team identify that these skills are developed through blended and sequential learning.

The UoW has adopted the collaborative MYEPLG agreed ongoing achievement record (MYEOAR) and practice assessment document (MYEPAD). Both documents are clearly linked to competence outcomes in numeracy, literacy, digital and technological literacy to meet programme outcomes. Documentary evidence in module specifications confirms students will be required and supported to continuously develop their abilities in numeracy, literacy, digital and technological literacy in order to meet the NMC requirements and programme outcomes.

Evidence provides assurance that the following QA approval criteria are met:

- Evidence of processes to ensure that all those enrolled on pre-registration nursing programmes are compliant with Directive 2005/36/EC regarding general education length (R1.8)

YES ☒ **NO** ☐

Proposed transfer of current students to the programme under review

From your documentary analysis and your meeting with students, provide an evaluative summary to confirm how the *Standards for pre-registration nursing programmes* and *Standards of proficiency for registered nurses* will be met through the transfer of existing students onto the proposed programme.

There is evidence that current students learning in theory and practice is mapped to the programme standards and Standards of proficiency for registered nurses and support systems are in place

MET ☒ **NOT MET** ☐

Students entering year two in the 2019/2020 academic year will transfer to the new programme. This includes the September 2018 cohort and the February 2019 cohort.

Documentary evidence confirms current students learning is mapped to the programme standards and Standards of proficiency for registered nurses. This was confirmed by students and the programme team at the approval visit. Assurance is provided that the transfer arrangements meet the NMC and EU requirements. Students transferring to the new programme identified the benefits of moving to the new standards particularly with regard to the increased focus upon practice skills and readiness to undertake a prescribing programme following qualification.

Students entering the third year of the pre-registration nursing programme (NMC, 2010 standards) will remain on their current programme but adopt the Standards for student supervision and assessment (SSSA). This includes the September 2017 cohort and the February 2018 cohort. Both sets of students are clear about the practice assessor and supervisor roles. They feel supported in the opportunity to transfer and reported they believe the new assessor and supervisor roles will enhance their learning and the assessment process. They explained that the opportunity to work with and gain feedback from a variety of registrants reflects the way in which some practice areas already work and will positively inform assessment decisions.

Evidence that for NMC registered nurses recognition of prior learning is capable of being mapped to the Standards of proficiency for registered nurses and programme outcomes

MET ☒ **NOT MET** ☐

Documentary evidence confirms the maximum amount of RPL accepted by the UoW is 240 credits. Mapping for registered nurses is undertaken on an individual basis according to the skills and experience of the candidate and the field of practice applied for. We are assured these arrangements meet the NMC requirements.

Assurance is provided that Gateway 1: *Standards framework for nursing and midwifery education* relevant to selection, admission and progression are met

YES ☒ **NO** ☐

Outcome

Is the standard met? **MET** ☒ **NOT MET** ☐

Date: 26 April 2019

Standard 2: Curriculum

Approved education institutions, together with practice learning partners, must:

R2.1 ensure that programmes comply with the NMC *Standards framework for nursing and midwifery education*

R2.2 comply with the NMC *Standards for student supervision and assessment*

R2.3 ensure that programme learning outcomes reflect the *Standards of proficiency for registered nurses* and each of the four fields of nursing practice: adult, mental health, learning disabilities and children's nursing

R2.4 design and deliver a programme that supports students and provides exposure across all four fields of nursing practice: adult, mental health, learning disabilities and children's nursing

R2.5 state routes within their pre-registration nursing programme that allows students to enter the register in one or more of the specific fields of nursing practice: adult, mental health, learning disabilities or children's nursing

R2.6 set out the general and professional content necessary to meet the *Standards of proficiency for registered nurses* and programme outcomes

R2.7 set out the content necessary to meet the programme outcomes for each field of nursing practice: adult, mental health, learning disabilities and children's nursing

R2.8 ensure that field specific content in relation to the law, safeguarding, consent, pharmacology and medicines administration and optimisation is included for entry to the register in one or more fields of nursing practice

R2.9 ensure the curriculum provides an equal balance of theory and practice learning using a range of learning and teaching strategies

R2.10 ensure that programmes delivered in Wales comply with legislation which supports use of the Welsh language

R2.11 ensure pre-registration nursing programmes leading to registration in the adult field of practice are mapped to the content for nurses responsible for general care as set out in Annexe V.2 point 5.2.1 of Directive 2005/36/EC (included in Annexe 1 of programme standards document)

R2.12 ensure that all pre-registration nursing programmes meet the equivalent of minimum programme length for nurses responsible for general care in Article 31(3) of Directive 2005/36/EC (included in Annexe 1 of programme standards document)

R2.13 ensure programmes leading to registration in two fields of nursing practice are of suitable length to ensure proficiency in both fields of nursing, and

R2.14 ensure programmes leading to nursing registration and registration in another profession, are of suitable length and nursing proficiencies and outcomes are achieved in a nursing context.

Standards framework for nursing and midwifery education specifically*:*

R1.9, R1.13; R2.2, R2.14, R2.15, R2.18, R2.19; R3.1, R3.2, R3.4, R3.9, R3.10, R3.15, R 3.16;

R5.1 - R5.16.

Standards for student supervision and assessment specifically*:*

R1.2, R1.3, R1.7, R1.10, R1.11

Findings against the standard and requirements

Evidence provides assurance that the following QA approval criteria are met:

- There is evidence that the programme complies with the NMC Standards framework for nursing and midwifery education (R2.1)

YES ☒ **NO** ☐

- There is evidence that the programme complies with the NMC standards for student supervision and assessment (R2.2)

YES ☒ **NO** ☐

- Mapping to show how the curriculum and practice learning content reflect the *Standards* of *proficiency for registered nurses* and each of the four fields of nursing practice: adult, mental health, learning disabilities and children's nursing (R2.3) **YES** ☒ **NO** ☐

Provide an evaluative summary from your documentary analysis and evidence AND discussion at the approval visit to demonstrate if assurance is provided that the QA approval criteria below is met or not met.

- There is evidence to show how the design and delivery of the programme will support students in both theory and practice to experience across all four fields of nursing practice: adult, mental health, learning disabilities and children's nursing (R2.4)

MET ☒ **NOT MET** ☐

R2.4 is met. Documentary analysis and discussion with the programme team and students at the approval visit provides assurance that the programme will support students in theory and practice learning to gain experience across the four fields of nursing.

Students complete one field specific module per year. This equates to 60 credits across the programme. The remaining modules are generic and core. The modules have been mapped against the adult, mental health and children's fields of practice and health conditions. There is one core 60 credit practice module per year. These practice modules do not have any theoretical time allocated to them and comprise of practice learning allocations and practice-based learning activities which include practice simulation and enhanced practice days.

The programme team discussed how learning activities in the core and field modules are being developed to ensure that students explore the different fields of nursing practice. These activities include the use of case scenarios written with service users. Service users and carers confirmed their involvement in writing the case scenarios and sharing their experiences in the taught component of the programme. Within the mental health field this includes involvement in practice simulation days.

A hub and spoke practice learning allocation model will be used in the programme. All students are supported to gain experience across the four fields of nursing practice through their hub and spoke practice experiences. This is evidenced through students' practice experience log. The academic assessor will review student learning against the EU directives and the practice experience log. An electronic workbook is being developed to help students articulate and reflect upon their learning.

Inter professional learning (IPL) days are included in the enhanced practice days. The IPL days enable students to explore the different fields of practice and provide links to some of the EU directives. Students at the approval visit who have participated in IPL days confirmed that IPL activities enhance their understanding of service user needs across and within fields.

Programme documentation evidences that all students will develop their understanding of caring for people with learning disabilities. The programme team explained how content is delivered relating to working with and caring for people with learning disabilities and the resources in place to support this. Students and service user and carer representatives however identified that this element of the programme could be increased.

Recommendation one: The programme team should consider strengthening theoretical learning related to caring for people who have learning disabilities. (Standards for pre-registration nursing programmes R2.4, R3.1)

- Evidence that programme structure/design/delivery will illustrate specific fields of practice that allows students to enter the register in one or more specific fields of nursing practice. Evidence of field specific learning outcomes and content in the module descriptors (R2.5)

MET ☒ **NOT MET** ☐

R2.5 is met. Programme documentation clearly illustrates the structure design and delivery of the programme according to the student's specific field of nursing practice.

Students complete field specific modules within the theoretical taught components of the programme. Field specific learning outcomes and content are included in the relevant module descriptors.

Students are allocated to hub practice learning experiences according to their field of practice. Spoke practice learning experiences enable them to consolidate and develop their learning and practice skills across all of the four nursing fields.

Documentary evidence and discussions with the programme team, students and service users at the approval visit provides assurance that the programme will prepare students to enter the register in one named field of nursing practice.

Evidence provides assurance that the following QA approval criteria are met:

- There is evidence that mapping has been undertaken to show that the programme meets NMC requirements of the *Standards of proficiency for registered nurses* (R2.6)

  YES ☒ **NO** ☐

  There is evidence that mapping has been undertaken to set out the content necessary to meet the programme outcomes for each field of nursing practice: adult, mental health, learning disabilities and children's nursing (R2.7) **YES** ☒ **NO** ☐

Provide an evaluative summary from your documentary analysis and evidence AND discussion at the approval visit to demonstrate if assurance is provided that the QA approval criteria below is met or not met.

- There is evidence that mapping has been undertaken to ensure that field specific content in relation to the law, safeguarding, consent, pharmacology and medicines administration and optimisation is included for entry to the register in one or more fields of nursing practice (R2.8)

  MET ☒ **NOT MET** ☐

R2.8 is met. Documentary evidence clearly signposts the field specific content required to meet R2.8 for entry to the register in one field of nursing practice. The content is mapped to core and field specific modules. Within the core practice modules learning is applied within the students own field during their practice learning experiences. The programme team told us that during preparatory sessions students will also learn in field specific groups.

Students study one field specific module each year. These modules have been mapped against the field specific content relating to the law, safeguarding, pharmacology, and medicines administration and optimisation.

- The programme structure demonstrates an equal balance of theory and practice learning. This is detailed in the designated hours in the module descriptors and practice learning allocations. A range of learning and teaching strategies are detailed in the programme specification, programme handbook and module descriptors with theory / practice balance detailed at each part of the programme and at end point
  There are appropriate module aims, descriptors and outcomes specified.

There is a practice allocation model for the delivery of the programme that clearly demonstrates the achievement of designated hours for the programme detailed. (R2.9) **MET** ☒ **NOT MET** ☐

R2.9 is met. The programme structure demonstrates an equal balance of theory and practice learning. The programme comprises of 2362.5 hours theory and 2362.5 hours practice. The programme specification and programme planner provide sufficient detail to evidence the designated hours identified in the module descriptors and practice learning allocations.

Simulation is included in the practice modules and accounts for 300 of the total 2362.5 practice hours within the programme. The module specifications identify 20 days in year one, ten days in year two and ten days in year three for simulation. The programme team provided assurance at the approval visit that the design and delivery of simulated practice learning to replace placement hours has been carefully planned. They confirmed sufficient resources are in place to deliver the sessions and replicate practice.

Practice learning days (PLDs) have been introduced during practice learning placement blocks following student feedback. These days are counted as practice hours. Following detailed questioning regarding the definition of practice and theory hours, the programme team provided assurance that the PLDs enable students to practice skills using simulation and learn through reflection in action. Students identified that engaging in these sessions will enhance their learning experience during practice learning allocations, help consolidate their learning and enable them to identify and practice skills within a protected learning environment.

A range of learning and teaching strategies are evidenced throughout the programme and these are appropriately detailed in the programme specification, programme handbook and module descriptors. Student facing information is of a high standard and provides clear guidance regarding what to expect within the programme.

The number of theory and practice hours have been clearly specified for each part of the programme providing full assurance that the NMC and EU requirements will be achieved by the end point. At the approval visit students and the programme team described the mechanisms in place to ensure achievement of the required programme hours. This supports the documentary evidence viewed.

Module documentation identifies appropriate module aims descriptors and outcomes. Half of the modules are dedicated to practice learning and are graded through reflective assignments. The proficiencies, skills and procedures are assessed in practice using the MYEPAD. There is a practice learning allocation model that varies by field of practice and provides assurance that through the delivery of the programme each student will demonstrate achievement of the designated hours. Students are provided with advice regarding insight visits and opportunities for achieving a greater understanding of and exposure to the fields of practice other than their own.

Evidence provides assurance that the following QA approval criteria are met:

- Evidence to ensure that programmes delivered in Wales comply with any legislation which supports the use of the Welsh language (R2.10)

YES ☐ **NO** ☐ **N/A** ☒

The programme is delivered in England.

- Evidence that the programme outcomes are mapped to the content for nurses responsible for general care and will ensure successful students met the registration requirement for entry to the register in the adult field of practice (R2.11). **YES** ☐ **NO** ☒

R2.11 is not met. A mapping document has been submitted to illustrate how the content for nurses responsible for general care is included in the programme.

Theoretical content is mapped to the practice modules however these modules do not have any theory hours. The specific content for nurses responsible for general care is not fully included within the module specifications or programme documentation. No reference is made to important aspects such as general and specialist medicine or general and specialist surgery. A higher level of specificity is required within the adult field of nursing module specifications to provide assurance that this requirement will be met on an ongoing basis. This includes identification of all elements of the content within the relevant module specifications. (Condition one).

Condition one: The programme team must make explicit the theoretical content for nurses responsible for general care as applied to the adult field in the programme modules.

- Evidence that the pre-registration nursing programme will meet the equivalent of minimum programme length for nurses responsible for general care in Article 31(3) of Directive 2005/36/EC (R2.12)

YES ☒ **NO** ☐

- Evidence that programmes leading to registration in two fields of nursing practice are of suitable length to ensure proficiency in both fields of nursing (R2.13) **YES** ☐ **NO** ☒

This is not applicable as the programme leads to one field of nursing practice.

- Evidence to ensure that programmes leading to nursing registration and registration in another profession, will be of suitable length and nursing proficiencies and outcomes will be achieved in a nursing context (R2.14)

YES ☐ **NO** ☒

This is not applicable to the programme being approved.

Assurance is provided that Gateway 1: *Standards framework for nursing and midwifery education* relevant to curricula are met **YES** ☒ **NO** ☐

Assurance is provided that Gateway 2: *Standards for student supervision and assessment* relevant to curricula and assessment are met **YES** ☒ **NO** ☐

Outcome

Is the standard met? **MET** ☐ **NOT MET** ☒

The specific content for nurses responsible for general care is not fully included within the module specifications or programme documentation. No reference is made to important aspects such as general and specialist medicine or general and specialist surgery. A higher level of specificity is required within the adult field of nursing module specifications to provide assurance that this requirement will be met on an ongoing basis. This includes identification of all elements of the general care content within the relevant module specifications.

Condition one: The programme team must make explicit the theoretical content for nurses responsible for general care as applied to the adult field in the programme modules.

(Standards for pre-registration nursing programmes R2.11)

Students and service user and carer representatives identified that the learning disabilities field of nursing content in the programme could be increased.

Recommendation one: The programme team should consider strengthening theoretical learning related to caring for people who have learning disabilities. (Standards for pre-registration nursing programmes R2.4, R3.1)

Date: 26 April 2019

Post event review

Identify how the condition(s) is met:

Condition one: The programme team have reviewed the core and adult field modules and made explicit the theoretical content for nurses responsible for general care. The response to conditions document maps the content required to specific modules. The relevant module specifications have been amended to reflect the general care requirements. Documentary analysis of the amended descriptors, learning outcomes and module content evidence that the theoretical general care requirements are included within the taught element of the programme for the adult field. Condition one is now met.

Evidence:

- Programme team's response to the NMC conditions, 17 May 2019
- Mapping document: EU directive (2005/36/EC) theoretical instruction mapped to theory modules (specifically core and adult,

but continue to also be mapped to children's and mental health modules as applicable

- Module specifications (core and adult field of practice modules), updated May 2019
- UoW BSc (Hons) nursing module specifications, updated May 2019

Date condition(s) met: 25 May 2019

Revised outcome after condition(s) met: **MET** ☒ **NOT MET** ☐

Condition one is met. Assurance is provided that the Standards for pre-registration nursing programmes R2.11 is met.

Standard 3: Practice learning

Approved education institutions, together with practice learning partners, must:

R3.1 provide practice learning opportunities that allow students to develop and meet the *Standards of proficiency for registered nurses* to deliver safe and effective care to a diverse range of people, across the four fields of nursing practice: adult, mental health, learning disabilities and children's nursing

R3.2 ensure that students experience the variety of practice expected of registered nurses to meet the holistic needs of people of all ages

R3.3 provide practice learning opportunities that allow students to meet the communication and relationship management skills and nursing procedures, as set out in *Standards of proficiency for registered nurses*, within their selected fields of nursing practice: adult, mental health, learning disabilities and children's nursing

R3.4 ensure technology enhanced and simulation-based learning opportunities are used effectively and proportionately to support learning and assessment and pre-registration

nursing programmes leading to registration in the adult field of practice comply with Article 31(5) of Directive 2005/36/EC (included in Annexe 1 of programme standards document)

R3.5 take account of students' individual needs and personal circumstances when allocating their practice learning including making reasonable adjustments for students with disabilities

R3.6 ensure students experience the range of hours expected of registered nurses, and

R3.7 ensure that students are supernumerary.

Standards framework for nursing and midwifery education specifically:

R1.1, R1.3, R1.5; R2.9, R2.11; R3.3, R3.5, R 3.7, R3.16; R5.1, R5.7, R5.10, R5.12

Standards for student supervision and assessment, specifically R1.1 – R1.11

Findings against the standard and requirements

Provide an evaluative summary from your documentary analysis and evidence AND discussion at the approval visit to demonstrate if assurance is provided that the QA approval criteria below is met or not met.

- Evidence that the practice learning opportunities allow students to develop and meet the *Standards of proficiency for registered nurses* to deliver safe and effective care, to a diverse range of people, across the four fields of nursing practice: adult, mental health, learning disabilities and children's nursing (R3.1)

MET ☒ **NOT MET** ☐

R3.1 is met. Documentary evidence confirms students are able to experience a range of practice learning opportunities to enable them to develop and meet the standards of proficiency to deliver safe and effective care to a diverse range of people. This includes evidence of experiences across the three fields of nursing practice offered by the UoW: adult, mental health and children's nursing.

Discussion with the programme team at the approval visit provides assurance that students will be allocated to appropriate practice learning experiences of sufficient length and breadth according to their field of practice. The hub and spoke practice learning allocation model promotes the use of a diverse range of learning opportunities.

The programme team and PLPs confirmed they work with individual students to help them tailor their own practice experiences to enable them to meet the standards of proficiency.

With regard to experiences of caring for people with learning disabilities students are able to arrange short spoke placement visits to develop their knowledge and skills sets. The theoretical learning relating to working with people who have a learning disability could be strengthened in the programme. The service user and student groups identified that this input should be increased. Working with and understanding the needs of people who are autistic was also highlighted. (Recommendation one)

Recommendation one: The programme team should consider strengthening theoretical learning related to caring for people who have learning disabilities. (Standards for pre-registration nursing programmes R2.4, R3.1)

PLPs from a range of practice learning areas confirmed they work collaboratively with the programme team to ensure that students practice learning experiences are safe and effective. They spoke highly of the zoned academic system and consistently articulated the quality assurance and governance requirements of the programme. This includes educational audit procedures and dealing with concerns and escalation processes.

- There is evidence of how the programme will ensure students experience the variety of practice learning experiences to meet the holistic needs of people in all ages. There are appropriate processes for assessing, monitoring and evaluating these practice experiences (R3.2)

MET ☒ **NOT MET** ☐

R3.2 is met. The hub and spoke practice placement allocation model is designed to ensure students are allocated to a variety of practice learning experiences to meet the holistic needs of people of all ages. The work-based learning team monitor students practice learning placements and allocate according to the experiences required to meet the standards of proficiency. Achievement of the proficiencies is monitored through the MYEPAD. These processes were confirmed by the programme team, student representatives and PLPs.

There are consistent and appropriate procedures for assessing, monitoring and evaluating the quality and standard of the practice learning environments used within the programme. These include educational audit and structured student evaluations following practice learning experiences. Students told us that a new system will be introduced shortly to ensure that they evaluate their practice learning placement prior to seeing their next allocation. They projected that this will increase the number of evaluations completed.

The work-based learning team work in partnership with PLPs to ensure that the number of students allocated to a practice learning area corresponds with audited numbers and current capacity. The programme team and PLPs told us that they consider the appropriateness of students being allocated to a practice learning area if system regulators raise concerns about areas in a PLP organisation. This includes the findings of Care Quality Care (CQC) quality reviews. They explained that they work in partnership to risk assess practice learning areas and develop action plans, when required to address concerns. This corresponds with documentary evidence provided through the AEI's annual self-assessment report.

A zoned academic supports designated practice learning areas and works in partnership with practice staff and practice educators. The practice educators and PLPs we met at the approval visit shared examples of how they promote student learning in practice settings. This includes the opportunity to attend service led learning activities within the practice learning environments.

Students have the opportunity to undertake an elective placement during the programme. This includes at 12-week Erasmus placement in the third year. The programme team provided us with assurance at the approval visit regarding the nature of this placement. This includes the governance arrangements and educational practice audit. The programme team confirmed that these arrangements correspond with those in place within the UK partnership sites. A designated member of the programme team oversees international placements. Students applying to undertake these formative allocations are interviewed and their profile considered prior to an allocation being made.

- Evidence that the practice learning opportunities allow students to meet the communication and relationship management skills and nursing

procedures, as set out in the *Standards of proficiency for registered nurses*, within their selected fields of nursing practice: adult, mental health, learning disabilities and children's nursing (R3.3)

MET ☒ **NOT MET** ☐

R3.3 is met. Achievement of the communication and relationship management skills and nursing procedures is confirmed through the MYEPAD. The intention is that these will be met within the student's own field of nursing practice. This is identified in the programme specification.

The programme team told us that some of the more specialist areas relating to psychosocial interventions and the more invasive procedures within the annexes may be met through simulation and/or practice-based learning. The rationale for this is to avoid students spending a short period of time within an area to meet a specific task. They told us that the simulation weeks will be used to introduce and develop some of the skills and procedures. A holistic approach focussing upon application at an appropriate level to the student's field of practice was articulated by the team.

PLPs confirmed they are currently identifying and amending, as appropriate, trust policies to include the student's role. This is to support the development of the skills and procedures included in the standards of proficiency which have previously not been part of students practice learning experiences within their organisation.

- Evidence to ensure technology enhanced and simulation-based learning opportunities are used effectively and proportionately to support learning and assessment and pre-registration nursing programmes leading to registration in the adult field of practice comply with Article 31(5) of Directive 2005/36/EC (R3.4)

MET ☒ **NOT MET** ☐

R3.4 is met. Documentary evidence and discussion at the approval visit confirms that technology enhanced and simulation-based learning opportunities are used effectively and proportionately to support learning and assessment. The programme team have detailed plans in place and are able to articulate the role and value of simulation to enhance the student learning experience and promote safe and effective care.

There is also evidence that the adult field programme complies with Article 31(5) of Directive 2005/36/EC.

- There are processes in place to take account of students' individual needs and personal circumstances when allocating their practice learning including making reasonable adjustments for disabilities (R3.5)

MET ☒ **NOT MET** ☐

R3.5 is met. There is comprehensive evidence that clear processes are in place to ensure that students' individual needs and circumstances are accounted for within practice learning allocations, including making reasonable adjustments for

disabilities. PLPs confirmed their awareness and support of this requirement. Student representatives told us about different support strategies used to make reasonable adjustments in accordance with individual needs.

Note: *If issues of concern have been identified by system regulators regarding practice learning environments which are to be used for this programme include an overview of the partnership approach between the AEI/education institution and their practice learning partners to manage and mitigate any risks to student learning.*

Evidence provides assurance that the following QA approval criteria are met:

- Evidence of how programme is planned to allow for students to experience the range of hours expected of registered nurses (e.g. 24 hour care, seven days night shifts planned examples) (R3.6)

  YES ☒ **NO** ☐

- Processes are in place to ensure that students are supernumerary (R3.7)

  YES ☒ **NO** ☐

Assurance is provided that Gateway 1: *Standards framework for nursing and midwifery education* relevant to practice learning are met **YES** ☒ **NO** ☐

Assurance is provided that Gateway 2: *Standards for student supervision and assessment* relevant to practice learning are met **YES** ☒ **NO** ☐

Outcome

Is the standard met? **MET** ☒ **NOT MET** ☐

Date: 27 April 2019

Standard 4: Supervision and assessment

Approved education institutions, together with practice learning partners, must:

R4.1 ensure that support, supervision, learning and assessment provided complies with the NMC *Standards framework for nursing and midwifery education*

R4.2 ensure that support, supervision, learning and assessment provided complies with the NMC *Standards for student supervision and assessment*

R4.3 ensure they inform the NMC of the name of the registered nurse responsible for directing the education programme

R4.4 provide students with feedback throughout the programme to support their development

R4.5 ensure throughout the programme that students meet the *Standards of proficiency for registered nurses* and programme outcomes for their fields of nursing practice: adult, mental health, learning disabilities and children's nursing

R4.6 ensure that all programmes include a health numeracy assessment related to nursing proficiencies and calculation of medicines which must be passed with a score of 100%

R4.7 ensure that students meet all communication and relationship management skills and nursing procedures within their fields of nursing practice: adult, mental health, learning disabilities and children's nursing

R4.8 assess students to confirm proficiency in preparation for professional practice as a registered nurse

R4.9 ensure that there is equal weighting in the assessment of theory and practice

R4.10 ensure that all proficiencies are recorded in an ongoing record of achievement which must demonstrate the achievement of proficiencies and skills set out in *Standards of proficiency for registered nurses*, and

R4.11 ensure the knowledge and skills for nurses responsible for general care set out in Article 31(6) and the competencies for nurses responsible for general care set out in

Article 31(7) of Directive 2005/36/EC for pre-registration nursing programmes leading to registration in the adult field of practice have been met. (included in Annexe 1 of programme standards document)

Standards framework for nursing and midwifery education specifically*:*

R2.11; R3.5, R3.6, R 3.8, R3.11, R3.13, R3.14, R3.17;

R4.1, R4.2, R4.3, R4.4, R4.5, R4.6, R4.8, R4.11; R5.9

Standards for student supervision and assessment

R4.1 – R4.11

Findings against the standards and requirements

Provide an evaluative summary from your documentary analysis and evidence AND discussion at the approval visit to demonstrate if assurance is provided that the QA approval criteria below is met or not met

- There is evidence of how the programme will ensure how support, supervision, learning and assessment provided complies with the NMC *Standards framework for nursing and midwifery education*. (R4.1)

MET ☒ **NOT MET** ☐

R4.1 is met. The documentary analysis and discussion at the approval visit provides assurance that the programme team in collaboration with PLPs will ensure that student support, supervision, learning and assessment complies with the NMC Standards framework. We have seen and heard evidence of how individuals are being prepared for their new roles. This includes academic staff in

the university and prospective assessors and supervisors in the PLP organisations. PLPs confirmed the clinical educators and facilitators, according to the organisation, will be the nominated person for student support. There is a significant level of enthusiasm from the PLPs to move to the NMC 2018 standards.

Student representatives demonstrate a good knowledge of the changes and the requirements of the practice supervisor, practice assessor and academic assessor roles.

- There is evidence of how the *Standards for student supervision and assessment* are applied to the programme. There are processes in place to identify the supervisors and assessor along with how they will be prepared for their roles. (R4.2).

MET ☒ **NOT MET** ☐

R4.2 is met. Documentary analysis and discussion at the approval visit provides assurance that there are processes in place to identify assessors and supervisors and prepare them for their role.

PLPs confirmed they have been involved in the development of the programme and explained how current mentors will undertake practice assessor preparation. Practice supervisors will also be prepared through supported learning. They told us that the majority of practice supervisors will initially be NMC registrants however they will work towards expanding the number of supervisors who are registrants from other disciplines.

PLPs told us that they intend to keep a practice assessor and supervisor data base which is good practice. The programme team identified that they only require an assessor register.

Evidence provides assurance that the following QA approval criteria are met:

- There are processes in place to ensure the NMC is informed of the name of the registered nurse responsible for directing the education programme (R4.3) **YES** ☒ **NO** ☐

Provide an evaluative summary from your documentary analysis and evidence AND discussion at the approval visit to demonstrate if assurance is provided that the QA approval criteria below is met or not met

- There are processes in place to provide students with feedback throughout the programme to support their development. Formative and summative assessment strategy is detailed (R4.4)

MET ☒ **NOT MET** ☐

R4.4 is met. Documentary evidence demonstrates clear processes to provide students with feedback throughout the theoretical and practice learning elements of the programme. The assessment and feedback plans are clear and developmental, evidencing formative and summative assessment elements in sufficient detail. The MYEPAD document specifies the requirement for mid-point written and verbal feedback from the practice assessor, alongside ongoing verbal

and written feedback from practice supervisor(s). The student representatives we met at the approval visit confirmed that generally feedback on their academic work was clear and helped them to improve, however on occasion the quality and level of detail varied between academic staff.

- There is appropriate mapping of the curriculum and practice learning placements to ensure throughout the programme that students meet the *Standards of proficiency for registered nurses* and programme outcomes for their fields of nursing practice: adult, mental health, learning disabilities and children's nursing (R4.5)

MET ☒ **NOT MET** ☐

R4.5 is met. There is a large amount of documentary evidence which illustrates curriculum mapping. This includes mapping of the theory and practice modules to demonstrate that students have the opportunity to meet the Standards of proficiency for registered nurses and programme outcomes for their field of nursing practice: adult, mental health and children's nursing. The MYEPAD is mapped and is being implemented appropriately according to the programme structure and programme outcomes. The programme team confirmed through discussion at the approval visit that the practice learning experiences students will undertake by field will provide them with appropriate opportunities to meet the NMC Standards and programme outcomes for their field.

Evidence provides assurance that the following QA approval criteria are met:

- There is evidence that all programmes include a health numeracy assessment related to nursing associate proficiencies and calculation of medicines which must be passed with a score of 100 percent (R4.6)

YES ☒ **NO** ☐

- Processes are in place to ensure that students meet all communication and relationship management skills and nursing procedures within their fields of nursing practice: adult, mental health, learning disabilities and children's nursing (R4.7) **YES** ☒ **NO** ☐

- Evidence of processes to assess students to confirm proficiency in preparation for professional practice as a registered nurse (R4.8)

YES ☒ **NO** ☐

- There is an assessment strategy with details and weighting expressed for all credit bearing assessments. Theory and practice weighting is calculated and detailed in award criteria and programme handbooks (R4.9)

YES ☒ **NO** ☐

- There is evidence that all proficiencies are recorded in an ongoing record of achievement which must demonstrate the achievement of proficiencies and skills as set out in the *Standards of proficiency for registered nurses* (R4.10)

YES ☒ **NO** ☐

- Evidence to ensure the knowledge and skills for nurses responsible for general care set out in article 31(6) and the competencies for nurses responsible for general care set out in article 31(7) of Directive 2005/36/EC for pre-registration nursing programmes leading to registration in the adult field of practice have been met (R4.11) **YES** ☒ **NO** ☐

Assurance is provided that Gateway 1: *Standards framework for nursing and midwifery education* relevant to supervision and assessment are met

YES ☒ **NO** ☐

Assurance is provided that Gateway 2: *Standards for student supervision and assessment* are met

YES ☒ **NO** ☐

Outcome

Is the standard met? **MET** ☒ **NOT MET** ☐

Date: 28 April 2019

Standard 5: Qualification to be awarded

Approved education institutions, together with practice learning partners, must:

R5.1 ensure that the minimum award for a pre-registration nursing programme is a bachelor's degree, and

R5.2 notify students during and before completion of the programme that they have five years to register their award with the NMC. In the event of a student failing to register their qualification within five years they will have to undertake additional education and training or gain such experience as specified in our standards.

Findings against the standards and requirements

Evidence provides assurance that the following QA approval criteria are met:

- The pre-registration nursing programme award to be approved is clearly identified in all programme documentation and is a minimum of a bachelor's degree (R5.1)

YES ☐ **NO** ☒

R5.1 is not met. The programme award title is not clearly identified in all programme documentation. Currently different variations of the award title exist across the documents and the programme team did not clearly state the award title at the approval visit. This must be clarified, corrected and clearly stated across all documentation. (Condition two)

Condition two: The programme team must clarify and consistently use the correct programme title across all documentation (Standards for pre-registration nursing programmes R 5.1)

- Documentary evidence that the registered nurse responsible for directing the educational programme or their designated registered nurse substitute have advised students during and before completion of the requirement to register their qualification within five years of the award. (R5.2)

YES ☒ **NO** ☐

Fall Back Award

If there is a fall back exit award with registration as a nurse all NMC standards and proficiencies are met within the award

Standards framework for nursing and midwifery education specifically R2.11, R2.20

YES ☐ **NO** ☐ **N/A** ☒

The fall back exit awards included in the programme do not include eligibility to register as a nurse.

Assurance is provided that the *Standards framework for nursing and midwifery education* relevant to the qualification to be awarded are met

YES ☒ **NO** ☐

Outcome

Is the standard met? **MET** ☐ **NOT MET** ☒

The programme award title is not clearly identified in all programme documentation. Currently different variations of the award title exist across the documents and the programme team did not clearly state the award title at the approval event. This must be clarified, corrected and clearly stated across all documentation in order to meet this approval criteria. (Condition two)

Condition two: The programme team must clarify and consistently use the correct programme title across all documentation (Standards for pre-registration nursing programmes R5.1)

Date: 28 April 2019

Post event review

Identify how the condition(s) is met:

Condition two: The programme team has discussed the programme title with the academic registrar and confirm that the exact title of the awards by field are:

BSc (Hons) Nursing (Adult)

BSc (Hons) Nursing (Children's)

BSc (Hons) Nursing (Mental Health)

The programme and student facing documentation has been amended to reflect the correct title of the awards. The amended programme specification, module specifications, programme handbook and information for prospective students confirm that the correct title is used consistently across the documentation. Condition two is now met.

Evidence:

- Programme team's response to the NMC conditions, 17 May 2019
- BSc (Hons) Nursing (adult, child, mental health) programme specification, updated May 2019
- UoW BSc (Hons) nursing module specifications, updated May 2019
- BSc (Hons) Nursing programme handbook, updated May 2019
- UoW BSc (Hons) nursing programme information for prospective students, May 2019

Date condition(s) met: 24 May 2019

Revised outcome after condition(s) met: **MET** ☒ **NOT MET** ☐

Condition two is met. Assurance is provided that the Standards for pre-registration nursing programmes R5.1 is met.

Section four

Sources of evidence

The following documentation provided by the AEI/education institution was reviewed by the visitor(s):

Key documentation	YES	NO
Programme document, including proposal, rationale and consultation	☒	☐
Programme specification(s) include fields of nursing practice: adult, mental health, learning disabilities and children's nursing	☒	☐
Module descriptors	☒	☐
Student facing documentation including: programme handbook	☒	☐
Student university handbook	☐	☒
Practice assessment documentation	☒	☐
Ongoing record of achievement (ORA)	☒	☐
Practice learning environment handbook	☒	☐
Practice learning handbook for practice supervisors and assessors specific to the programme	☒	☐
Academic assessor focused information specific to the programme	☒	☐
Placement allocation / structure of programme	☒	☐
PAD linked to competence outcomes, and mapped against standards of proficiency	☒	☐
Mapping document providing evidence of how the education institution has met the *Standards framework for nursing and midwifery education* (NMC, 2018)	☒	☐
Mapping document providing evidence of how the education institution has met the *Standards for pre-registration nursing programmes* (NMC, 2018)	☒	☐

Mapping document providing evidence of how the *Standards for student supervision and assessment* (NMC, 2018) apply to the programme(s)	☒	☐
Curricula vitae for relevant staff	☒	☐
CV of the registered nurse responsible for directing the education programme	☒	☐
Registrant academic staff details checked on NMC website	☒	☐
External examiner appointments and arrangements	☒	☐
Written confirmation by education institution and associated practice learning partners to support the programme intentions, including a signed supernumerary agreement.	☒	☐

List additional documentation:

Response by the programme team prior to the approval visit. This document was submitted by the programme team following receipt of the interim programme approval report.

Post event documents to support conditions are met:

Programme team's response to the NMC conditions, 17 May 2019

Mapping document: EU directive (2005/36/EC) theoretical instruction mapped to theory modules (specifically core and adult, but continue to also be mapped to children's and mental health modules as applicable

Module specifications (core and adult field of practice modules), updated May 2019

BSc (Hons) Nursing (adult, child, mental health) programme specification, updated May 2019

UoW BSc (Hons) nursing module specifications, updated May 2019

BSc (Hons) Nursing course handbook, updated May 2019

UoW BSc (Hons) nursing programme information for prospective students, May 2019

If you stated no above, please provide the reason and mitigation:

Student university handbook: all links to wider University of Worcester support is signposted through the programme handbook.

Additional comments:

During the event the visitor(s) met the following groups:

	YES	NO
Senior managers of the AEI/education institution with responsibility for resources for the programme	☒	☐
Senior managers from associated practice learning partners with responsibility for resources for the programme	☒	☐
Programme team/academic assessors	☒	☐
Practice leads/practice supervisors/practice assessors	☒	☐
Students	☒	☐
If yes, please identify cohort year/programme of study: We met with students from the following groups: Cohort 02/18 one adult field student Cohort 09/18 five adult field students and two mental health field Cohort 09/17 one child field student Cohort 09/16 three adult field students and one mental health field student Cohort 09/15 two recent graduates (one adult field and one mental health field)		
Service users and carers	☒	☐
If you stated no above, please provide the reason and mitigation:		
Additional comments:		

The visitor(s) viewed the following areas/facilities during the event:

	YES	NO
Specialist teaching accommodation (e.g. clinical skills/simulation suites)	☐	☒
Library facilities	☐	☒
Technology enhanced learning/virtual learning environment	☐	☒
Educational audit tools/documentation	☐	☒

Practice learning environments	☐	☒
If yes, state where visited/findings:		
System regulator reports reviewed for practice learning partners	☐	☒
If yes, system regulator reports list		
If you stated no above, please provide the reason and mitigation: This is an established AEI who currently offers a BSc (Hons) nursing programme for the adult, mental health and children's fields of practice. Therefore, PLPs and facilities visits were not required for this approval visit.		
Additional comments: The information provided in the briefing pack including CQC reports and the annual self-assessment report were viewed prior to the visit.		

Issue record			
Final Report			
Author:	Jill Foley	Date:	18 May 2019
Checked by:	Judith Porch	Date:	12 June 2019
Approved by:	Leeann Greer	Date:	06 July 2019
Submitted by:	Lucy Percival	Date:	08 July 2019

Evidence Cover Sheet

Appendix eight:
Date(s): 12 - 13 June 2019
Appendix title(s): 8.2 Programme approval visit report: University of Winchester
Context of the evidence: This prospective programme approval report details the Approved Education Institution (AEI) visit and conjoint approval of the University of Winchester's BSc (Hons) Nursing programmes in the adult, mental health and learning disabilities fields of practice. The programme was validated against the NMC's framework of Realising professionalism: Standards for education and training (NMC, 2018) including the Future nurse: Standards of proficiency for registered nurses (NMC, 2018). I co-authored the report with the NMC registrant quality assurance visitor. The report represents the first AEI status and approval visit I had undertaken on behalf of the NMC.
Purpose of the evidence: The University of Winchester presented a programme for their very first approval with the NMC, that had been planned to a high standard and consistently involving people with lived experiences, from the offset. The University's approach to coproducing the curriculum was evident and innovative, including plans for the engagement of nursing students in drama workshops alongside individuals with learning disabilities. The University presented evidence of plans for continuous strategic level engagement of people with lived experiences, throughout all elements of programme delivery, simulation and evaluation.
Signposting to key points of reference: Page 9 - Findings against the standard and requirements - paragraphs 2, 3 and 5 Page 27 - Findings against requirement 3.4 (planning for service user involvement in simulation)

Better, safer care through quality assurance of nursing, midwifery and nursing associate education.

Programme approval visit report

Section one

Programme provider name:	University of Winchester
In partnership with: *(Associated practice learning partners involved in the delivery of the programme)*	HHFT Hampshire Health Foundation Trust Dorset County Hospital NHS Foundation Trust Frimley Health NHS Foundation Trust PHT Portsmouth Health Trust Salisbury NHS Foundation Trust UHS University Hospital, NHS Foundation Trust Southampton Private, voluntary and independent health care providers'
Programmes reviewed: (*Tick all that apply)*	*Pre-registration nurse qualification leading to* Registered Nurse – Adult ☒ Registered Nurse – Child ☐ Registered Nurse - Learning Disabilities ☒ Registered Nurse - Mental Health ☒
Title of programme(s):	BN (Hons) Nursing (Adult) BN (Hons) Nursing (Mental Health) BN (Hons) Nursing (Learning Disabilities)
Academic levels:	
Registered Nurse – Adult	England, Wales, Northern Ireland ☐ Level 5 ☒ Level 6 ☐ Level 7 SCQF ☐ Level 8 ☐ Level 9 ☐ Level 10 ☐ Level 11
Registered Nurse – Child	England, Wales, Northern Ireland ☐ Level 5 ☐ Level 6 ☐ Level 7

	SCQF ☐ Level 8 ☐ Level 9 ☐ Level 10 ☐ Level 11
Registered Nurse - Learning Disabilities	England, Wales, Northern Ireland ☐ Level 5 ☒ Level 6 ☐ Level 7 SCQF ☐ Level 8 ☐ Level 9 ☐ Level 10 ☐ Level 11
Registered Nurse - Mental Health	England, Wales, Northern Ireland ☐ Level 5 ☒ Level 6 ☐ Level 7 SCQF ☐ Level 8 ☐ Level 9 ☐ Level 10 ☐ Level 11
Date of approval visit:	12 June 2019
Programme start date: RN – Adult RN – Child RN - Learning Disabilities RN - Mental Health	16 September 2019 N/A 16 September 2019 16 September 2019
QA visitor(s):	Registrant Visitor: Bernie Wallis Lay Visitor: Sophia Hunt

Section two

Summary of review and findings
The University of Winchester (UoW) (the university) is a long-established education institution which currently comprises of four academic faculties including the faculty of education, health and social care. The faculty provides a range of programmes including social work, community and social care studies and since 2018, physiotherapy. The university faculty structure will change as from 1 August 2019 and a new faculty of health and well-being will be created. The programme presented for approval is a three-year full-time undergraduate pre-registration nursing programme with pathways in three fields of nursing practice; BN (Hons) nursing (adult); BN (Hons) nursing (mental health) and BN (Hons) nursing (learning disabilities). In addition, the university is seeking approved education institution (AEI) status to become a provider of NMC approved programmes. The nursing programme will be part of the education provision in the new faculty of health and well-being with an initial intake of 60 students. The programme has been mapped to the Standards for pre-registration nursing programmes (SPNP) and the Future nurse: Standards of proficiency for registered nurses (NMC, 2018). The programme meets the requirements of the Standards for student supervision and assessment (SSSA) (NMC, 2018). The Standards framework for nursing and midwifery education (SFNME) are not met at programme level as conditions apply. Findings of the approval process and our engagement with a range of stakeholders including students and service users and carers during the two-day approval visit confirms evidence of strong and effective partnership working between the university and stakeholders in the co-production and planned delivery of the programme at both strategic and operational level. The strength and quality of the practice learning partnerships was acknowledged by the approval panel. During visits to practice learning environments we met a range of staff and students and found managers and forthcoming practice supervisors and assessors well informed, enthusiastic and confident about supporting students from the UoW programme. At meetings with senior staff of the university, senior staff of practice learning partners (PLPs) and Health Education England (HEE) Wessex we found a clear and strong commitment to supporting the nursing programme to strengthen and help retain the local nursing workforce. The faculty has established a small academic nursing team with a visiting professor of nursing. There's clear evidence the academic and support staff resource and expertise will be increased over the next year. The programme team have drawn on the experience and the expertise of physiotherapy and social work colleagues in the faculty to inform and develop systems and processes to support the nursing programme including an expanded placements team that will fulfil a cross faculty function. Other academic staff in the faculty will contribute to programme delivery and the wider faculty staff have been kept informed of the

nursing developments and will be fully briefed about the new programme following formal approval. We found clear evidence of the readiness of wider university staff and facilities to receive the new nursing students. There's a strong and developing formal partnership with Hampshire Hospitals NHS Foundation Trust (HHFT) which is co-located on the same site as the university campus and provides ready access to the trust teaching facilities and simulation suites for the pre-registration nursing programme.

A key feature included in the programme is the HEE 'maximising leadership learning in the pre-registration healthcare curricula', developed by the NHS leadership academy. The practice assessment documentation (PAD) and ongoing achievement record (OAR) used within the programme have been developed collaboratively with the pan-south practice learning group, coordinated by HEE Wessex. This initiative provides a consistent approach to the assessment of practice which is understood and welcomed by the PLPs we met with.

Although currently there are no UoW students in practice learning environments, UoW has been part of ongoing communication and collaborative action plans between HHFT and all associated AEIs in response to issues raised in the CQC report dated 26 September 2018. Progress and completion of collaborative actions continues to be monitored providing assurance any risks to current and future students' practice. Learning is mitigated.

The programme is recommended to the NMC for approval subject to four NMC conditions.

The UoW made three recommendations, that will be reviewed by the senate academic development committee and these may become university conditions, in line with the internal programme approval processes of the institution.

Updated 12 July 2019

Evidence was provided that the changes required to meet the conditions have been made. The conditions are met.

The programme is recommended to the NMC for approval.

Recommended outcome of the approval panel	
Recommended outcome to the NMC:	Programme is recommended to the NMC for approval ☐ Programme is recommended for approval subject to specific conditions being met ☒ Recommended to refuse approval of the programme ☐
	Effective partnership working: collaboration, culture, communication and resources:

Conditions: *Please identify the standard and requirement the condition relates to under the relevant key risk theme.* *Please state if the condition is AEI/education institution in nature or specific to NMC standards.*	None identified **Selection, admission and progression:** Condition four: Update all applicant information sources including the university website to ensure consistency with the programme documentation including digital and technological literacy requirements. (SPNP R1.1.4-R1.1.7; SFNME R2.6) **Practice learning:** Condition one: Provide a more detailed risk assessment tool and process which addresses the NMC requirements for the self-managed placement. (SFNME R2.15; SPNP R2.1) Condition two: In student facing documentation clarify and differentiate between the role of a practice supervisor and practice assessor and include the role of the academic assessor. (SFNME R3.5; SPNP R4.1) **Assessment, fitness for practice and award:** None identified **Education governance: management and quality assurance:** Condition three: Provide a clear section in the programme documentation that details how all EU requirements and associated practice experiences are addressed including consistency of module hours. (SPNP R2.11)
Date condition(s) to be met:	12 July 2019
Recommendations to enhance the programme delivery:	Recommendation one: Review the wording of learning outcomes to ensure that they are appropriate for further and higher qualification qualifications levels two. (University recommendation) Recommendation two: Clarification and consistency of exit awards. (University recommendation) Recommendation three: Ensure consistency and accuracy of documentation. (University recommendation)
Focused areas for future monitoring:	Programme resources including staffing and facilities for teaching and simulation.

	Implementation of policies and processes such as fitness for practice and recognition of prior learning (RPL).

Programme is recommended for approval subject to specific conditions being met	
Commentary post review of evidence against conditions: Revised documentation provided evidence that the changes required to meet the conditions have been made. A more detailed risk assessment and additional supporting documentation for the self-managed placement module practice experience provides evidence that condition one is now met. A revised student programme handbook provides evidence of clarification and differentiation of the roles of practice supervisor and practice and academic assessor. Condition two is now met. A revised skills passport submitted by the programme team provides clear evidence of how students will meet the requirements of the European Directive 2005/36/EC. Consistency of module hours are addressed in revised modules. Condition three is now met. Programme documentation including programme web page information provides evidence that the changes in relation to programme entry requirements, including digital and technological capability are now met. Condition four is now met.	
AEI Observations	**Observations have been made by the education institution** **YES** ☒ **NO** ☐
Summary of observations made, if applicable	A correction was required in the summary of review and findings section of the report regarding reference to the HEE leadership feature in the programme. This correction has been made.
Final recommendation made to NMC:	Programme is recommended to the NMC for approval ☒ Recommended to refuse approval of the programme ☐
Date condition(s) met:	12 July 2019

Section three

NMC Programme standards
Please refer to NMC standards reference points *Standards for pre-registration nursing programmes* (NMC, 2018) *Future nurse: Standards of proficiency for registered nurses* (NMC, 2018), *Standards framework for nursing and midwifery education* (NMC, 2018) *Standards for student supervision and assessment* (NMC, 2018) The Code: Professional standards of practice and behaviour for nurses and midwives QA Framework for nursing, midwifery and nursing associate education (NMC, 2018) QA Handbook

Partnerships
The AEI works in partnership with their practice learning partners, service users, students and all other stakeholders.
Please refer to the following NMC standards reference points for this section: *Standards framework for nursing and midwifery education* (NMC, 2018) **Standard 1: The learning culture:** R1.12 ensure programmes are designed, developed, delivered, evaluated and co-produced with service users and other stakeholders R1.13 work with service providers to demonstrate and promote inter-professional learning and working **Standard 2: Educational governance and quality:** R2.2 all learning environments optimise safety and quality taking account of the diverse needs of, and working in partnership with, service users, students and all other stakeholders R2.4 comply with NMC *Standards for student supervision and assessment* R2.5 adopt a partnership approach with shared responsibility for theory and practice supervision, learning and assessment, including clear lines of communication and accountability for the development, delivery, quality assurance and evaluation of their programmes R2.6 ensure that recruitment and selection of students is open, fair and transparent and includes measures to understand and address underrepresentation

R2.7 ensure that service users and representatives from relevant stakeholder groups are engaged in partnership in student recruitment and selection

Standard 3: Student empowerment:

R3.3 have opportunities throughout their programme to work with and learn from a range of people in a variety of practice placements, preparing them to provide care to people with diverse needs

R3.16 have opportunities throughout their programme to collaborate and learn with and from other professionals, to learn with and from peers, and to develop supervision and leadership skills

R3.17 receive constructive feedback throughout the programme from stakeholders with experience of the programme to promote and encourage reflective learning

R3.18 have opportunities throughout their programme to give feedback on the quality of all aspects of their support and supervision in both theory and practice.

Standard 4: Educators and assessors:

R4.7 liaise and collaborate with colleagues and partner organisations in their approach to supervision and assessment

R4.9 receive and act upon constructive feedback from students and the people they engage with to enhance the effectiveness of their teaching, supervision and assessment

R4.10 share effective practice and learn from others

Standard 5: Curricula and assessment:

R5.4 curricula are developed and evaluated by suitably experienced and qualified educators and practitioners who are accountable for ensuring that the curriculum incorporates relevant programme outcomes

R5.5 curricula are co-produced with stakeholders who have experience relevant to the programme

R5.14 a range of people including service users contribute to student assessment

Standards for student supervision and assessment **(NMC, 2018)**

Standard 1: Organisation of practice learning:

R1.4 there are suitable systems, processes, resources and individuals in place to ensure safe and effective coordination of learning within practice learning environments

R1.7 students are empowered to be proactive and to take responsibility for their learning

R1.8 students have opportunities to learn from a range of relevant people in practice learning environments, including service users, registered and non-registered individuals, and other students as appropriate

Standard 2: Expectations of practice supervisors:

R2.2 there is support and oversight of practice supervision to ensure safe and effective learning

Standard 3: Practice supervisors: role and responsibilities:

R3.3 support and supervise students, providing feedback on their progress towards, and achievement of, proficiencies and skills

Standard 4: Practice supervisors: contribution to assessment and progression:

R4.3 have sufficient opportunities to engage with practice assessors and academic assessors to share relevant observations on the conduct, proficiency and achievement of the students they are supervising

Standard 7: Practice assessors: responsibilities:

R7.9 communication and collaboration between practice and academic assessors is scheduled for relevant points in programme structure and student progression

Standard 9: Academic assessors: responsibilities:

R9.6 communication and collaboration between academic and practice assessors is scheduled for relevant points in programme structure and student progression

Findings against the standard and requirements

Provide an evaluative summary about the effectiveness of the partnerships between the AEI and their practice learning partners, service users, students and any other stakeholders.

Documentary analysis and findings from the approval visit provide strong evidence of effective partnership working between the university, the programme team, PLPs, students and service users and carers. The programme team's commitment to working with key stakeholders to co-produce, deliver and continually enhance the programme is clearly evidenced. A variety of stakeholder events were hosted by the university to ensure inclusive consultation during programme development. At the approval visit PLPs, health students (from the faculty), and service users and carers confirmed the effectiveness of the partnerships. PLP representatives described the relationship with UoW as good and are impressed with the university's ability to listen and its emphasis on developing the person.

We heard evidence from these key stakeholders that their role and contribution to programme development is valued. PLPs gave examples of how they influenced the programme design. These examples included the sequencing of skills development and associated simulation-based learning as well as the students starting their first year of practice learning experiences in community-based settings. Service users and carers told us that when they reviewed the final programme design they could see where they had influenced it. One student told us how they had influenced the use of reflection in the programme and support for students with lived experience 'as a student as a service user'.

The university is proactive and working collaboratively with existing AEIs within the Wessex region and HEE Wessex to ensure a sufficient and diverse range of practice learning experiences; a consistent approach to practice learning and assessment, and the implementation of the SSSA. The university also has a collaborative approach to educational audit and risk assessment with other AEI that share the same practice learning environments. The university has clear and comprehensive systems, processes and supporting infrastructures for programme development and delivery. There's clear investment in increasing the teaching and skills laboratory resources, placement allocation software and appropriate teaching staff to support the pre-registration nursing programme. The strategic leadership of the university are committed to the development of the new health faculty, including providing additional staffing and teaching and learning space. There are effective partnerships at a strategic and operational level. The Dean Designate attends the education and employer partnership group (EEP) chaired by HEE Wessex. Link lecturers are supporting each PLP and each learning environment has a learning environment lead (LEL). The current curriculum development group will become the practice partnership committee (PPC) with all PLPs represented including the LELs. The university is a member of the South-central academic placement partnership and engages in working groups in developing the implementation of the SSSA. There's a clear commitment from the university and its stakeholders to work together to support the programme. There are clear plans for a programme management committee, that includes service user and carer and PLP representatives and students. PLPs are enthusiastic about the implementation of the NMC 2018 standards. They reported plans to up-skill their own staff and amend internal policies to facilitate student learning across the range of skills and procedures in annexe A and B of the future nurse: Standards of proficiency for registered nurses.

A student senate/student academic council is an integral part of the university infrastructure with a staff student liaison committee within the faculty. Health students we met from the faculty confirmed that the student voice is captured and acted upon.

The university has a service user and carer group representing a wide range of health and care needs. Representatives at the approval visit told us that they feel valued and respected as experts by experience and described the programme team as being person and patient centred. The faculty are working collaboratively with the group to explore the practicalities and meaningful engagement with the new pre-registration nursing programme. The team told us, and service users and carers confirmed they will be involved in the delivery and assessments of the modules.

Assurance is provided that the AEI works in partnership with their practice learning partners, service users, students and all other stakeholders as identified in Gateway 1: *Standards framework for nursing and midwifery education*

MET ☒ **NOT MET** ☐

Please provide any narrative for any exceptions

Assurance is provided that the AEI works in partnership with their practice learning partners, service users, students and all other stakeholders as identified in Gateway 2: *Standards for student supervision and assessment*

MET ☒ **NOT MET** ☐

Please provide any narrative for any exceptions

If not met, state reason and identify which standard(s) and requirement(s) are not met and the reason for the outcome

Student journey through the programme
Standard 1: Selection, admission and progression
Approved education institutions, together with practice learning partners, must: R1.1 Confirm on entry to the programme that students: R1.1.1 are suitable for their intended field of nursing practice: adult, mental health, learning disabilities and children's nursing R1.1.2 demonstrate values in accordance with the Code R1.1.3 have capability to learn behaviours in accordance with the Code R1.1.4 have capability to develop numeracy skills required to meet programme outcomes R1.1.5 can demonstrate proficiency in English language R1.1.6 have capability in literacy to meet programme outcomes R1.1.7 have capability for digital and technological literacy to meet programme outcomes. R1.2 ensure students' health and character are sufficient to enable safe and effective practice on entering the programme, throughout the programme and when submitting the supporting declaration of health and character in line with the NMC's health and character decision-making guidance. This includes satisfactory occupational health assessment and criminal record checks

R1.3 ensure students are fully informed of the requirement to declare immediately any cautions or convictions, pending charges or adverse determinations made by other regulators, professional bodies and educational establishments, and that any declarations are dealt with promptly, fairly and lawfully

R1.4 ensure the registered nurse responsible for directing the educational programme or their designated registered nurse substitute are able to provide supporting declarations of health and character for students who have completed a pre-registration nursing programme

R1.5 permit recognition of prior learning that is capable of being mapped to the *Standards of proficiency for registered nurses* and programme outcomes, up to a maximum of 50 percent of the programme and comply with Article 31(3) of Directive 2005/36/EC (included in annexe one of programme standards document)

R1.6 for NMC registered nurses permit recognition of prior learning that is capable of being mapped to the *Standards of proficiency for registered nurses* and programme outcomes that may be more than 50 percent of the programme

R1.7 support students throughout the programme in continuously developing their abilities in numeracy, literacy, digital and technological literacy to meet programme outcomes, and

1.8 ensure that all those enrolled on pre-registration nursing programmes are compliant with Article 31(1) of Directive 2005/36/EC regarding general education length as outlined in annexe one in programme standards document.

Standards framework for nursing and midwifery education specifically R2.6, R2.7, R2.8, R2.10

Proposed transfer of current students to the programme under review

Demonstrate a robust process to transfer current students onto the proposed programme to ensure programme learning outcomes and proficiencies meet the *Standards for pre-registration nursing programmes* (NMC, 2018).

Findings against the standard and requirements

Evidence provides assurance that the following QA approval criteria are met:

- Evidence that selection processes ensure entrants onto the programme are suitable for the intended field of nursing practice and demonstrate values and have capability to learn behaviours in accordance with the Code. Evidence of service users and practitioners involvement in selection processes. (R1.1.1, R1.1.2, R1.1.3)

YES ☒ **NO** ☐

- Evidence of selection processes, including statements on digital literacy, literacy, numeracy, values based selection criteria, educational entry standard required, and progression and assessment strategy, English language proficiency criteria specified in recruitment processes (R1.1.4 – R1.1.7).

YES ☐ **NO** ☒

R1.1.4-R1.1.7 are not met. The stated entry requirements for the programme are inconsistent across the website and programme documentation and therefore will be unclear to applicants. (Condition four) (SPNP R1.1.4-R1.1.7, SFNME R2.6)

- There is evidence of occupational health entry criteria, inoculation and immunisation plans, fitness for nursing assessments, Criminal record checks and fitness for practice processes detailed (R1.2)

YES ☒ **NO** ☐

- Health and character processes are evidenced including information given to applicants and students, including details of periodic health and character review timescales. Fitness for practice processes evidenced and information given to applicants and students are detailed (R1.3)

YES ☒ **NO** ☐

- Processes are in place for providing supporting declarations by a registered nurse responsible for directing the educational programme (R1.4)

YES ☒ **NO** ☐

Provide an evaluative summary from your documentary analysis and evidence AND discussion at the approval visit to demonstrate if assurance is provided that the QA approval criteria below is met or not met

- Evidence of recognition of prior learning processes, mapped against programme outcomes at all levels and against academic levels of the programme up to a maximum of 50 percent of the programme and comply with Article 31(3) of Directive 2005/36/EC (R1.5)

MET ☒ **NOT MET** ☐

R1.5 is met. There are clear RPL processes in place. Applicants can claim up to 120 academic learning credits and 600 hours of experiential practice learning. This equates to the first year of the BN programme and is in line with the NMC maximum of up to 50 percent of RPL.

A comprehensive mapping document provides a robust process for assessing applicants' claims against the Standards of proficiency for registered nurses (NMC, 2018) and programme learning outcomes.

Exemptions to the university RPL policy supports the process and involvement of the external examiner is made explicit.

- Evidence that for NMC registered nurses recognition of prior learning is capable of being mapped to the *Standards of proficiency for registered nurses* and programme outcomes (R1.6)

MET ☒ **NOT MET** ☐

R1.6 is met. Programme documentation clearly states that registered nurse can claim up to 66 percent RPL which equates to 1400 practice hours of experiential learning and 240 academic credits. Mapping against the Standards of proficiency

for registered nurses and programme learning outcomes form the basis of the RPL claim.

Exemption to the university regulations identifies registered nurses are able to claim more than 50 percent RPL.

RPL applications are reviewed by the admissions lead and programme lead. They are then reviewed by the central quality team and an external examiner for the programme.

- Numeracy, literacy, digital and technological literacy mapped against proficiency standards and programme outcomes. Provide evidence that the programme meets NMC requirements, mapping how the indicative content meets the proficiencies and programme outcomes.

  Ongoing achievement record (OAR) and practice assessment document (PAD) are linked to competence outcomes in numeracy, literacy, digital and technological literacy to meet programme outcomes. Detail support strategies for students throughout the programme in continuously developing their abilities in numeracy, literacy, digital and technological literacy to meet programme outcomes (R1.7)

MET ☒ **NOT MET** ☐

R1.7 is met. There's comprehensive mapping of digital and technological literacy indicative content detailed in the programme documentation. The university has adopted the collaborative pan-south agreed OAR and PAD. Both documents are clearly linked to competence outcomes in numeracy, literacy, digital and technological literacy to meet programme outcomes. The module specifications evidence that students are required and supported to continuously develop their abilities in numeracy, literacy, digital and technological literacy in order to meet the NMC requirements and programme outcomes.

The virtual learning environment CANVAS is used to support programme learning and acts as a communication medium between the programme team and students. Interactive technology is used to support learning, teaching and assessments including blogs, vlogs and the on-line medicines management system Safe Medicate. Simulation based learning also aids the students technological and digital skills development. Health numeracy is tested in each year of the programme with opportunities for repeat testing. In the practice learning environments students learn to use SYSTEM ONE and RIO that support patient and service user care delivery.

Evidence provides assurance that the following QA approval criteria are met:

- Evidence of processes to ensure that all those enrolled on pre-registration nursing programmes are compliant with Directive 2005/36/EC regarding general education length (R1.8)

YES ☒ **NO** ☐

Proposed transfer of current students to the programme under review

From your documentary analysis and your meeting with students, provide an evaluative summary to confirm how the *Standards for pre-registration nursing programmes* and *Standards of proficiency for registered nurses* will be met through the transfer of existing students onto the proposed programme.

There is evidence that current students learning in theory and practice is mapped to the programme standards and Standards of proficiency for registered nurses and support systems are in place

MET ☐ **NOT MET** ☒

Not applicable as this programme has never been provided by the university and therefore has no previous students.

Evidence that for NMC registered nurses recognition of prior learning is capable of being mapped to the Standards of proficiency for registered nurses and programme outcomes

MET ☐ **NOT MET** ☒

This programme has never been provided by the university before and therefore has no previous students.

Assurance is provided that Gateway 1: *Standards framework for nursing and midwifery education* relevant to selection, admission and progression are met

YES ☐ **NO** ☒

R1.1.4 - R1.1.7 are not met.
The stated entry requirements for the programme are inconsistent across the website and programme documentation. The information is currently not clear and transparent to applicants. (Condition four)
(SPNP R1.1.4 - R1.1.7; SFNME R2.6)

Outcome

Is the standard met? **MET** ☐ **NOT MET** ☒

R1.1.4 - R1.1.7 are not met. Confirmation on entry to the programme is required of capability in numeracy, and literacy skills, English language proficiency and digital and technological literacy. However, the stated entry requirements for the programme are inconsistent across the website and programme documentation and doesn't meet SFNME R2.6 as the information is unclear to applicants. (Condition four)

Condition four: Update all applicant information sources including the university website to ensure consistency with the programme documentation including digital and technological literacy requirements. (SPNP R1.1.4 - R1.1.7; SFNME R2.6)

Date: 29 June 2019

Post event review
Identify how the condition(s) is met: Condition four: The programme team provided revised programme documentation and website information that evidences the changes required to meet condition four. All sources of applicant entry information to the programme have been updated. This includes the requirement for digital and technological literacy capability and how this is determined. These requirements are clearly specified on the revised university website applicant information details. This information demonstrates consistency with the updated programme specification. The evidence provides assurance that entry requirements to the programme including digital and technological literacy are comprehensive and consistent. Condition four is now met. Evidence: UoW, BN Hons nursing, revised website applicant information, undated UoW, BN Hons nursing programme specification, version eight, 2019
Date condition(s) met:
Revised outcome after condition(s) met: **MET** ☒ **NOT MET** ☐ Condition four is now met. Assurance is provided that the SPNP R1.1.4- R1.1.7 are now met. Assurance is provided that the SFNME R2.6 is now met.

Standard 2: Curriculum
Approved education institutions, together with practice learning partners, must: R2.1 ensure that programmes comply with the NMC *Standards framework for nursing and midwifery education* R2.2 comply with the NMC *Standards for student supervision and assessment* R2.3 ensure that programme learning outcomes reflect the *Standards of proficiency for registered nurses* and each of the four fields of nursing practice: adult, mental health, learning disabilities and children's nursing R2.4 design and deliver a programme that supports students and provides exposure across all four fields of nursing practice: adult, mental health, learning disabilities and children's nursing

R2.5 state routes within their pre-registration nursing programme that allows students to enter the register in one or more of the specific fields of nursing practice: adult, mental health, learning disabilities or children's nursing

R2.6 set out the general and professional content necessary to meet the *Standards of proficiency for registered nurses* and programme outcomes

R2.7 set out the content necessary to meet the programme outcomes for each field of nursing practice: adult, mental health, learning disabilities and children's nursing

R2.8 ensure that field specific content in relation to the law, safeguarding, consent, pharmacology and medicines administration and optimisation is included for entry to the register in one or more fields of nursing practice

R2.9 ensure the curriculum provides an equal balance of theory and practice learning using a range of learning and teaching strategies

R2.10 ensure that programmes delivered in Wales comply with legislation which supports use of the Welsh language

R2.11 ensure pre-registration nursing programmes leading to registration in the adult field of practice are mapped to the content for nurses responsible for general care as set out in Annexe V.2 point 5.2.1 of Directive 2005/36/EC (included in Annexe 1 of programme standards document)

R2.12 ensure that all pre-registration nursing programmes meet the equivalent of minimum programme length for nurses responsible for general care in Article 31(3) of Directive 2005/36/EC (included in Annexe 1 of programme standards document)

R2.13 ensure programmes leading to registration in two fields of nursing practice are of suitable length to ensure proficiency in both fields of nursing, and

R2.14 ensure programmes leading to nursing registration and registration in another profession, are of suitable length and nursing proficiencies and outcomes are achieved in a nursing context.

Standards framework for nursing and midwifery education specifically*:*

R1.9, R1.13; R2.2, R2.14, R2.15, R2.18, R2.19; R3.1, R3.2, R3.4, R3.9, R3.10, R3.15, R 3.16;

R5.1 - R5.16.

Standards for student supervision and assessment specifically*:*

R1.2, R1.3, R1.7, R1.10, R1.11

Findings against the standard and requirements

Evidence provides assurance that the following QA approval criteria are met:

- There is evidence that the programme complies with the NMC Standards framework for nursing and midwifery education (R2.1)

YES ☐ **NO** ☒

R2.1 is not met. We found SFNME R2.15 isn't met. We found there's a four-week formative 'self-managed placement experience' module with a written summative assessment, a reflection on the practice experience, in year two of the programme. The practice learning hours of this module are formative and contribute to the overall programme hours. This experience may be undertaken anywhere in the UK or outside of the UK and there's evidence of a risk assessment as part of the preparatory arrangements. However, this risk assessment on its own doesn't provide assurance of compliance with SFNME R2.15 in relation to the NMC requirements for all periods of learning undertaken outside the UK. The current risk assessment focuses on health and safety, this needs to be developed further to incorporate appropriate arrangements for student learning. For example, the supervision and support for student learning by appropriately qualified and experienced individuals including capacity, programme information and briefing resources for staff supporting the student, public liability insurance and key policies. (Condition one) (SPNP R2.1, SFNME R2.15)

- There is evidence that the programme complies with the NMC standards for student supervision and assessment (R2.2)

YES ☒ **NO** ☐

- Mapping to show how the curriculum and practice learning content reflect the *Standards* of *proficiency for registered nurses* and each of the four fields of nursing practice: adult, mental health, learning disabilities and children's nursing (R2.3) **YES** ☒ **NO** ☐

Provide an evaluative summary from your documentary analysis and evidence AND discussion at the approval visit to demonstrate if assurance is provided that the QA approval criteria below is met or not met.

- There is evidence to show how the design and delivery of the programme will support students in both theory and practice to experience across all four fields of nursing practice: adult, mental health, learning disabilities and children's nursing (R2.4)

MET ☒ **NOT MET** ☐

R2.4 is met. Documentary evidence and findings at the approval visit provides assurance that the programme will support students to gain experience across the four fields of nursing practice in theory and practice. There's shared learning in the core generic modules which apply across the four fields of nursing practice. Clear reference is made within the module specifications to care across the lifespan care which provides assurance that all students will develop knowledge of the child field of nursing practice. A teaching plan template necessitates the module leader to specify how the module learning outcomes and content reflect all four fields of nursing practice and provide reasons if all fields aren't reflected in the delivery. Scheduled teaching sessions in the university address the other fields including maternity care. This approach was confirmed by the programme team.

Students have one other 'field' practice learning experience and exposure to the remaining two fields are gained through opportunistic learning in the practice

learning setting. This opportunistic learning in identified with the practice supervisor and recorded in the PAD.

The programme adopts a hub and spoke practice learning allocation model. All students are supported to gain experience across the four fields of nursing practice through their hub and spoke approach. These learning experiences are recorded in the south PAD and clinical skills passport. Practice staff we met confirmed this and gave examples of experiences they enable students to gain in the other fields. They provide students with advice regarding insight visits and opportunities for achieving a greater understanding of and exposure to the other fields of nursing practice.

- Evidence that programme structure/design/delivery will illustrate specific fields of practice that allows students to enter the register in one or more specific fields of nursing practice. Evidence of field specific learning outcomes and content in the module descriptors (R2.5)

MET ☒ **NOT MET** ☐

R2.5 is met. The programme documentation and evidence provided by the programme team, PLPs and service users at the approval visit provide assurance that the programme will prepare students to enter the register in their chosen field of nursing practice. The programme incorporates core generic modules and two field specific modules. Field specific learning outcomes and content are included in the relevant module descriptors. Each generic module also has at least one learning outcome that applies to the students chosen field of nursing practice. Small group activities and at least two seminars in the generic modules are applied to the students chosen field.

Students are allocated to hub practice learning experiences throughout the programme according to their chosen field. There's clear evidence of comprehensive skills mapping incorporating annexe A and B of the Standards of proficiency. This mapping includes a skills passport for each field of nursing practice which is linked to the field specific modules. The passport clearly demonstrates how the skills are developed to a greater depth appropriate to the specific field of nursing practice.

Evidence provides assurance that the following QA approval criteria are met:

- There is evidence that mapping has been undertaken to show that the programme meets NMC requirements of the *Standards of proficiency for registered nurses* (R2.6)

YES ☒ **NO** ☐

There is evidence that mapping has been undertaken to set out the content necessary to meet the programme outcomes for each field of nursing practice: adult, mental health, learning disabilities and children's nursing (R2.7) **YES** ☒ **NO** ☐

Provide an evaluative summary from your documentary analysis and evidence AND discussion at the approval visit to demonstrate if assurance is provided that the QA approval criteria below is met or not met.

- There is evidence that mapping has been undertaken to ensure that field specific content in relation to the law, safeguarding, consent, pharmacology and medicines administration and optimisation is included for entry to the register in one or more fields of nursing practice (R2.8)

MET ☒ **NOT MET** ☐

R2.8 is met. Mapping of the Standards of proficiency for registered nurses and module specifications clearly identify where the law, consent, pharmacology and medicines administration and optimisation are taught and assessed within the students chosen field of nursing practice.

A separate mapping document evidences how safeguarding is addressed in each year of the programme and applied to the students chosen field.

- The programme structure demonstrates an equal balance of theory and practice learning. This is detailed in the designated hours in the module descriptors and practice learning allocations. A range of learning and teaching strategies are detailed in the programme specification, programme handbook and module descriptors with theory / practice balance detailed at each part of the programme and at end point
  There are appropriate module aims, descriptors and outcomes specified.
  There is a practice allocation model for the delivery of the programme that clearly demonstrates the achievement of designated hours for the programme detailed. (R2.9) **MET** ☒ **NOT MET** ☐

R2.9 is met. Documentary analysis and findings at the approval visit evidence an equal balance of theory and practice in the programme. The designated hours are identified in the module descriptors and practice learning allocations. Simulation is included in the practice modules and accounts for 120 hours of the overall programme. We are assured by the programme team and PLP that provides shared teaching facilities that the design and delivery of simulation-based practice learning hours has been carefully planned and that sufficient resources are in place. The number of theory and practice hours are clearly specified for each part of the programme providing full assurance that the NMC and EU requirements will be achieved by the end point. The programme team and placements manager described the mechanisms in place to ensure achievement of the required programme hours.

Learning and teaching strategies are clearly specified in the programme documents as are modules learning outcomes and indicative content. Half of the modules are dedicated to practice learning which are underpinned by the hub and spoke model combined with students following service user pathways to form the structure of the practice learning experiences. The practice allocation model varies by field of nursing practice and provides assurance that each student will demonstrate achievement of the designated hours. Student facing information is of

a high standard and provides clear guidance to students of what to expect within the programme.

Evidence provides assurance that the following QA approval criteria are met:

- Evidence to ensure that programmes delivered in Wales comply with any legislation which supports the use of the Welsh language (R2.10)

YES ☐ **NO** ☐ **N/A** ☒

The programme is delivered in England.

- Evidence that the programme outcomes are mapped to the content for nurses responsible for general care and will ensure successful students met the registration requirement for entry to the register in the adult field of practice (R2.11). **YES** ☐ **NO** ☒

R2.11 is not met. We found, programme outcomes are mapped against content for nurses responsible for general care, the adult field, including theoretical and clinical instruction. However, the specific content is not fully included in module specifications for the adult nursing field such as general and specialist medicine and general and specialist surgery. The practice learning experiences for the adult nursing field are detailed separately but don't include all the EU requirements. Evidence of achievement of the EU Directive requirements is recorded in the skills passport, PAD and OAR but aren't fully explicit to provide assurance students will meet the requirements for entry to the register in the adult field of nursing practice. There are inconsistencies between the learning hours in the learning disabilities module specifications in contrast to the module specifications for the other fields. This must be addressed to provide assurance the overall programme for each field of nursing practice meets the 4600 hours required within the EU Directive. (Condition three) (SPNP R2.11)

- Evidence that the pre-registration nursing programme will meet the equivalent of minimum programme length for nurses responsible for general care in Article 31(3) of Directive 2005/36/EC (R2.12)

YES ☒ **NO** ☐

- Evidence that programmes leading to registration in two fields of nursing practice are of suitable length to ensure proficiency in both fields of nursing (R2.13) **YES** ☐ **NO** ☒

This programme leads to NMC registration in only one field of nursing practice.

- Evidence to ensure that programmes leading to nursing registration and registration in another profession, will be of suitable length and nursing proficiencies and outcomes will be achieved in a nursing context (R2.14)

YES ☐ **NO** ☒

This programme only leads to NMC registration.

Assurance is provided that Gateway 1: *Standards framework for nursing and midwifery education* relevant to curricula are met **YES** ☐ **NO** ☒

SPNP R2.1 is not met. We found the year two 'self-managed placement experience' module requires a risk assessment completed as part of the preparatory arrangements. However, this risk assessment on its own doesn't clearly demonstrate compliance with the NMC requirements for all periods of learning undertaken outside the UK as specified in SFNME R2.15. (Condition one) (SPNP R2.1, SFNME R2.15)

Assurance is provided that Gateway 2: *Standards for student supervision and assessment* relevant to curricula and assessment are met **YES** ☒ **NO** ☐

Outcome

Is the standard met? **MET** ☐ **NOT MET** ☒

SPNP R2.1 requires that the programme meets the SFNME. The 'self-managed placement experience' module may be undertaken anywhere in or outside of the UK. The risk assessment that's part of the preparatory arrangements for this practice experience doesn't ensure compliance with the NMC requirements all periods of learning undertaken outside the UK and therefore doesn't meet SFNME R2.15. (Condition one)

Condition one: Provide a more detailed risk assessment tool and process which addresses the NMC requirements for the self-managed placement. (SPNP R2.1, SFNME R2.15)

SPNP R2.11 requires that the content for nurses responsible for general care Directive 2005/36/EC leading to registration in the adult field of nursing practice is mapped in the programme. A range of mapping is provided across the programme documentation. However, it isn't clear that all this content including associated practice learning experiences are addressed in the programme for the adult nursing field. In addition, the total module hours across the learning disabilities route differs from the other field routes and doesn't meet the EU Directive hours. (Condition three)

Condition three: Provide a clear section in the programme documentation that details how all EU requirements and associated practice experiences are addressed including consistency of module hours. (SPNP R2.11)

Date: 26 June 2019

Post event review

Identify how the condition(s) is met:

Condition one: The programme team provided revised as well as additional documentation that evidences the requirements to meet condition one. A more detailed risk assessment tool based on the university policy, guidelines and

procedures is part of a wider package of information provided. The risk assessment includes requirements for appropriately qualified and experienced supervisory staff to support the student, core organisational policies and an indemnity statement. The information package also includes an introductory letter to the host practice learning environment which has embedded information links about the programme. There is information and resource links and requirements for the practice supervisor and assessor including the following; programme information, the SSSA, the Code and the relevant part of the programme PAD. A detailed application process to be undertaken by the student has also been provided linking the aims of the self-managed placement module. The evidence provides assurance of compliance with the NMC requirements for practice learning for all periods of learning undertaken outside of the UK.

Condition one is now met.

Evidence:

UoW self-managed placement student application process including guidelines, undated

UoW updated risk assessment tool, undated

UoW nursing programme, introductory letter to host placement, undated

UoW fieldwork and overseas travel; health and safety policy and guidance version 1.3.1, 25 August 2017

Condition three: The programme team provided a revised nursing skills passport and relevant updated module specifications that evidence the changes required to meet condition three. The revised skills passport comprehensively incorporates all of the minimum requirements students must meet in relation to the European Directive 2005/36/EC. The document specifies both theoretical and clinical instruction as well as practice learning experiences. The requirements for adult nursing students are clearly identifiable. Evidence of achievement of the requirements is recorded and verified in the skills passport. Updated module specifications for the learning disabilities pathway reflect consistency with the modules hours in the other pathways and the EU Directive. The evidence provides assurance that all of the European Directive 2005/36/EC for the adult nursing field of nursing practice and EU Directive hours are met across all pathways in the programme. Condition three is now met.

Evidence:

UoW updated BN Hons nursing skills passport, version three, 2019

UoW BN Hons nursing updated module specifications, various, undated

Date condition(s) met: 12 July 2019
Revised outcome after condition(s) met: **MET** ☒ **NOT MET** ☐ Conditions one and three are now met. Assurance is provided that the SPNP R2.1 and R2.11 are met. Assurance is provided that the SFNME R2.15 is met.

Standard 3: Practice learning
Approved education institutions, together with practice learning partners, must: R3.1 provide practice learning opportunities that allow students to develop and meet the *Standards of proficiency for registered nurses* to deliver safe and effective care to a diverse range of people, across the four fields of nursing practice: adult, mental health, learning disabilities and children's nursing R3.2 ensure that students experience the variety of practice expected of registered nurses to meet the holistic needs of people of all ages R3.3 provide practice learning opportunities that allow students to meet the communication and relationship management skills and nursing procedures, as set out in *Standards of proficiency for registered nurses*, within their selected fields of nursing practice: adult, mental health, learning disabilities and children's nursing R3.4 ensure technology enhanced and simulation-based learning opportunities are used effectively and proportionately to support learning and assessment and pre-registration nursing programmes leading to registration in the adult field of practice comply with Article 31(5) of Directive 2005/36/EC (included in Annexe 1 of programme standards document) R3.5 take account of students' individual needs and personal circumstances when allocating their practice learning including making reasonable adjustments for students with disabilities R3.6 ensure students experience the range of hours expected of registered nurses, and R3.7 ensure that students are supernumerary. *Standards framework for nursing and midwifery education* specifically: R1.1, R1.3, R1.5; R2.9, R2.11; R3.3, R3.5, R 3.7, R3.16; R5.1, R5.7, R5.10, R5.12 *Standards for student supervision and assessment,* specifically R1.1 – R1.11
Findings against the standard and requirements

Provide an evaluative summary from your documentary analysis and evidence AND discussion at the approval visit to demonstrate if assurance is provided that the QA approval criteria below is met or not met.

- Evidence that the practice learning opportunities allow students to develop and meet the *Standards of proficiency for registered nurses* to deliver safe and effective care, to a diverse range of people, across the four fields of nursing practice: adult, mental health, learning disabilities and children's nursing (R3.1)

MET ☒ **NOT MET** ☐

R3.1 is met. Programme documentation and findings at the approval visit provide assurance that practice learning opportunities will allow students to develop and meet the Standards of proficiency for registered nurses across the four fields of nursing practice. The programme team and the placement allocation planner for each field confirms students have one scheduled placement in another field of nursing practice. Spoke experiences combined with opportunistic learning enables students to gain experience in the remaining fields. These experiences are recorded and verified in the student's practice documentation.

Over the two-day approval visit we found the clinical managers and future practice supervisors and assessors we met are very confident about providing a wide range of learning opportunities to enable students to meet the care needs of a diverse range of people. The programme team and PLPs told us they'll work with individual students to help them tailor their own practice learning experiences to enable them to meet the Standards of proficiency for registered nurses. This includes support to plan a self-managed placement in year two of the programme. The PLPs told us how they work collaboratively with the programme team to ensure that students practice learning experiences will be safe and effective. They confirmed the hub and spoke model is used to structure practice learning experiences which when combined with following the patient/service user journey reflects an integrated care model. The PLPs provided examples of the diversity of opportunities they make available including exposure to the other fields of nursing practice. The diversity of learning experiences is captured in individual placement profiles and educational audits available to students for each practice learning environment. We viewed examples of these for each placement we visited.

HEE Wessex provides guiding principles to inform learning in practice environments to maximise student learning opportunities and achievement.

- There is evidence of how the programme will ensure students experience the variety of practice learning experiences to meet the holistic needs of people in all ages. There are appropriate processes for assessing, monitoring and evaluating these practice experiences (R3.2)

MET ☒ **NOT MET** ☐

R3.2 is met. Documentary analysis and findings at the approval visit confirms the hub and spoke placement allocation model is designed to ensure students are allocated to a variety of practice learning experiences to meet the holistic needs of

people of all ages. The university placement team allocates placements according to the experiences required to meet the Standards of proficiency for registered nurses in the student's chosen field of nursing practice. Achievement of the proficiencies is monitored through the south PAD and OAR and includes feedback from service users and carers about the care the student has provided to them.

Processes for assessing, monitoring and evaluating the quality and standard of the practice learning environments used within the programme include educational audit and student evaluation of practice learning experiences. AEIs that share the same practice learning environments have access to educational audit outcomes through the south-central academic placement partnership group. The university placement manager and HEE Wessex work in partnership with PLPs to ensure that the number of students allocated to an area corresponds with audited numbers and current capacity to ensure patient safety and practice learning is not compromised. Each learning environment has a LEL who will be part of the university practice partnership committee that will have oversight of the quality of the practice learning. These processes were confirmed by the programme team, the LELs and the PLPs.

Faculty students and PLP representatives confirmed the process for evaluating students experiences of their practice learning. We saw evidence of student evaluations in practice learning environments we visited. One PLP told us about their senior professionals committee which has student nurse representatives which captures feedback about student learning experiences. All of the students we met are aware of how to raise or escalate concerns regarding any aspect of their practice learning experiences including concerns about care.

The programme team, PLP senior nurses and HEE Wessex told us that when there are adverse outcomes of external quality reviews they assess the risks to students practice learning and develop action plans when required to address concerns. UoW is part of ongoing communication and collaborative action plans between HHFT, HEE Wessex and other AEIs in response to the adverse findings detailed in the CQC report dated 26 September 2018. They provided assurance that any risks to current and future students' practice learning is mitigated.

There are clear processes for identifying and managing any cause for concern about a students conduct, behaviour and achievement. PLPs, LELs and future practice supervisors and assessors gave examples of how they manage concerns about students and concerns raised by students as well as the importance of engaging with the university. A UoW link lecturer supports each PLP and is a point of contact for students practice staff.

- Evidence that the practice learning opportunities allow students to meet the communication and relationship management skills and nursing procedures, as set out in the *Standards of proficiency for registered nurses*, within their selected fields of nursing practice: adult, mental health, learning disabilities and children's nursing (R3.3)

MET ☒ **NOT MET** ☐

R3.3 is met. The communication and relationship management skills and nursing procedures set out in the Standards of proficiency for registered nurses are clearly mapped against the modules and skills passport. There are comprehensive skills passports for each field of nursing practice which clearly illustrate the nursing procedures and the range and depth of communication and relationship management skills development appropriate to the students chosen field. The passports provide a guide for the students and practice supervisors and assessors and are used to assess and record achievement alongside the south PAD.

The programme team and future practice assessors and supervisors we met provided assurance of how they will facilitate and assess communication and relationship management skills at an appropriate level for the students chosen field of nursing practice. The PLPs told us that they are currently identifying and amending trust policies to include the student's role in relevant procedures as appropriate.

- Evidence to ensure technology enhanced and simulation-based learning opportunities are used effectively and proportionately to support learning and assessment and pre-registration nursing programmes leading to registration in the adult field of practice comply with Article 31(5) of Directive 2005/36/EC (R3.4)

MET ☒ **NOT MET** ☐

R3.4 is met. Documentary evidence and findings at the approval visit provides assurance interactive technology and simulation-based learning are used effectively and proportionately to support learning and assessment in the programme and comply with the EU directive. The virtual learning environment CANVAS, blogs, vlogs and the on-line medicines management system Safe Medicate are used to support learning, teaching and assessments. Clinical managers told us students learn to use SYSTEM ONE and RIO in the practice learning environment that support patient and service user care delivery. The programme team confirmed simulation-based learning will be used to develop students' clinical skills in nursing procedures using increasingly complex based case studies as the programme progresses. We visited the simulation facilities which use a range of high and low fidelity technology. On line learning, teaching and assessment is an integral part of the programme delivery. Service users and carers told us they expect to be involved in the simulation-based learning and assessment.

- There are processes in place to take account of students' individual needs and personal circumstances when allocating their practice learning including making reasonable adjustments for disabilities (R3.5)

MET ☒ **NOT MET** ☐

R3.5 is met. There's comprehensive evidence of clear processes in place to ensure that students' individual needs and personal circumstances are accounted for within placement allocations. There's a clear operating procedure and flowchart to follow. The south PAD and educational audit also ensure reasonable

adjustments are considered and recorded. There's clear signposting for students in the programme handbook to the range of supportive services available.

The university placements manager told us that student choice and reducing travel time will inform an individualised approach to the allocation of practice learning experiences for the pre-registration nursing programme. This approach has been trialed and has worked well for the university physiotherapy programme.

PLPs gave examples of making reasonable adjustments for students. The students we met in the university and during visits to practice learning environments report positive experiences of their personal circumstances and reasonable adjustments being considered when allocated to practice learning environments.

Note: *If issues of concern have been identified by system regulators regarding practice learning environments which are to be used for this programme include an overview of the partnership approach between the AEI/education institution and their practice learning partners to manage and mitigate any risks to student learning.*

Evidence provides assurance that the following QA approval criteria are met:

- Evidence of how programme is planned to allow for students to experience the range of hours expected of registered nurses (e.g. 24 hour care, seven days night shifts planned examples) (R3.6)

  YES ☒ **NO** ☐

- Processes are in place to ensure that students are supernumerary (R3.7)

  YES ☒ **NO** ☐

Assurance is provided that Gateway 1: *Standards framework for nursing and midwifery education* relevant to practice learning are met **YES** ☒ **NO** ☐

Assurance is provided that Gateway 2: *Standards for student supervision and assessment* relevant to practice learning are met **YES** ☒ **NO** ☐

Outcome

Is the standard met? **MET** ☒ **NOT MET** ☐

Date: 30 June 2019

Standard 4: Supervision and assessment

Approved education institutions, together with practice learning partners, must:

R4.1 ensure that support, supervision, learning and assessment provided complies with the NMC *Standards framework for nursing and midwifery education*

R4.2 ensure that support, supervision, learning and assessment provided complies with the NMC *Standards for student supervision and assessment*

R4.3 ensure they inform the NMC of the name of the registered nurse responsible for directing the education programme

R4.4 provide students with feedback throughout the programme to support their development

R4.5 ensure throughout the programme that students meet the *Standards of proficiency for registered nurses* and programme outcomes for their fields of nursing practice: adult, mental health, learning disabilities and children's nursing

R4.6 ensure that all programmes include a health numeracy assessment related to nursing proficiencies and calculation of medicines which must be passed with a score of 100%

R4.7 ensure that students meet all communication and relationship management skills and nursing procedures within their fields of nursing practice: adult, mental health, learning disabilities and children's nursing

R4.8 assess students to confirm proficiency in preparation for professional practice as a registered nurse

R4.9 ensure that there is equal weighting in the assessment of theory and practice

R4.10 ensure that all proficiencies are recorded in an ongoing record of achievement which must demonstrate the achievement of proficiencies and skills set out in *Standards of proficiency for registered nurses*, and

R4.11 ensure the knowledge and skills for nurses responsible for general care set out in Article 31(6) and the competencies for nurses responsible for general care set out in

Article 31(7) of Directive 2005/36/EC for pre-registration nursing programmes leading to registration in the adult field of practice have been met. (included in Annexe 1 of programme standards document)

Standards framework for nursing and midwifery education specifically*:*

R2.11; R3.5, R3.6, R 3.8, R3.11, R3.13, R3.14, R3.17;

R4.1, R4.2, R4.3, R4.4, R4.5, R4.6, R4.8, R4.11; R5.9

Standards for student supervision and assessment

R4.1 – R4.11

Findings against the standards and requirements

Provide an evaluative summary from your documentary analysis and evidence AND discussion at the approval visit to demonstrate if assurance is provided that the QA approval criteria below is met or not met

- There is evidence of how the programme will ensure how support, supervision, learning and assessment provided complies with the NMC *Standards framework for nursing and midwifery education*. (R4.1)

MET ☐ **NOT MET** ☒

R4.1 is not met. Documentary analysis and findings at the approval visit confirm that students are supported in learning, teaching and assessment by appropriately qualified academic staff. There's a clear faculty plan and commitment from the university to appoint additional academic staff for the programme over the next academic year.

Students are allocated a personal tutor who provides pastoral support and monitors ongoing progression throughout the programme. All staff and service users who input into the programme are required to complete equality and diversity training and this was confirmed by the stakeholders we met.

We are assured from the documentary evidence and from PLPs we met that implementation plans are underway to prepare and support future practice supervisors and practice and academic assessors for new roles in supporting students learning and assessment in practice. However, we found the information in the programme handbook is unclear about the new roles and they ways in which they will support and assess students. The handbook doesn't clearly differentiate the role and responsibilities of the practice supervisor and the practice assessor. In addition, there's no clear information provided regarding the role of the academic assessor. This lack of clear information for students about the support, supervision and assessment when they are in practice learning environments doesn't meet the requirements of the SFNME. (Condition two) (SFNME R3.5, SPNP R4.1)

The LELs will work collaboratively with named link lecturers attached to each practice learning environment in providing appropriate support to practice supervisors and practice assessors. Clinical staff we met during the practice visits told us that UoW staff are already actively engaging with staff in the practice learning environments.

The south PAD and associated guide provide a robust framework and consistent approach for practice learning and assessment of the proficiencies for students, practice supervisors and practice and academic assessors. Academic staff, prospective practice supervisors, assessors and LELs provided examples of how they identify students individual learning needs and ensure objective assessment of the students.

Clear processes are in place to enable students and educators to raise concerns or complaints.

PLP representatives described a range of support mechanisms for students, including regular forums to capture their feedback and address any issues when in the practice environment.

- There is evidence of how the *Standards for student supervision and assessment* are applied to the programme. There are processes in place to

identify the supervisors and assessor along with how they will be prepared for their roles. (R4.2).

MET ☒ **NOT MET** ☐

R4.2 is met. Documentary analysis and findings at the approval visit confirm SSSA implementation plans are well underway. There's a university SSSA implementation plan which complements the HEE Wessex SSSA plan which guides and informs the PLP local implementation plans. HEE working with PLPs have mapped the placement and current mentor capacity to inform practice learning opportunities and ensure a sufficient supply of practice supervisors and assessors.

All placement agreements have been signed between UoW and PLPs demonstrating commitment to ensuring the NMC standards are met. The educational audit of practice learning environments now incorporates the requirements of the SSSA to ensure these standards are being met.

There are clear role specifications for the practice supervisor, practice assessor and academic assessor. Supported time to fulfil the additional responsibilities of the academic assessor role and ongoing development needs was confirmed by the faculty senior team and is incorporated into the UoW workload model. PLPs confirm that the supported time required for practice supervisor and assessor preparation and ongoing support and development to fulfil their roles is incorporated into the staff appraisal and re-validation process.

There are processes in place for the allocation of students to practice supervisors and practice and academic assessors. We found arrangements for communication and engagement between the roles to ensure continuity in practice learning and assessment of students is understood by the PLPs and the academic staff we met. Future practice supervisors and assessors told us that communication between the roles will be straightforward through regular meetings with the student. These processes are clearly outlined in the programme documentation. PLPs confirm the LEL for each practice learning environment provides support to practice supervisors and assessors and students. The LEL liaises with the link lecturer and academic assessor as appropriate. LELs across the area have regular meetings as a strategic group, ensuring standards for practice learning are being met and enhanced.

PLPs told us that they've been involved in the development of the programme and the LELs have kept them informed about the SSSA. PLPs told us how they influenced and guided the development of the programme in relation to the different skills required for the different fields of nursing practice.

The documentary analysis and discussion at the approval visit provides assurance that there are processes in place to identify practice assessors and practice supervisors and prepare them for their role. A HEE Wessex task and finish group has identified support and preparation for the practice supervisor and practice assessor roles. PLPs confirmed current mentors are already undertaking practice assessor preparation, based on the south Wessex guidance and principles document. HEE Wessex confirmed that one third of the nursing workforce have

already been prepared as practice assessors and supervisors. All current mentors we met confirmed they have either completed the transition training to become practice assessors or are booked to complete it. Supervisors are also being prepared through supported learning. A new practice assessor and practice supervisor course is currently in development for roll out in the autumn which is designed for newly qualified nurses who have had no previous mentor experience. PLPs told us that the majority of practice supervisors will initially be NMC registrants however they are working proactively to expand the number of supervisors who are health and social care professionals from other disciplines. All health and social care professionals will be able to access the same preparation training to supervise nursing students. The PLPs also told us that they intend to keep a database of practice assessors and supervisors and annual updates will be maintained.

Evidence provides assurance that the following QA approval criteria are met:

- There are processes in place to ensure the NMC is informed of the name of the registered nurse responsible for directing the education programme (R4.3) **YES** ☒ **NO** ☐

Provide an evaluative summary from your documentary analysis and evidence AND discussion at the approval visit to demonstrate if assurance is provided that the QA approval criteria below is met or not met

- There are processes in place to provide students with feedback throughout the programme to support their development. Formative and summative assessment strategy is detailed (R4.4)

MET ☒ **NOT MET** ☐

R4.4 is met. Mapping of formative and summative assessments through the programme is clearly detailed in the programme documentation providing opportunities for feedback on student's performance and achievement. Feedback and feed forward are integral parts of the assessment strategy. Feedback is also provided within and at the end of teaching sessions, via tutorials, from the personal tutor and through personal and professional development planning that the student engages in throughout the programme. PLPs and students we met during practice visits told us feedback is also a feature of practice learning and assessment. The PAD and OAR incorporates feedback from service users and carers, peers and other health and social care professionals. The faculty students we met at the approval visit told us that feedback on their academic work was timely, clear and helped them to improve.

- There is appropriate mapping of the curriculum and practice learning placements to ensure throughout the programme that students meet the *Standards of proficiency for registered nurses* and programme outcomes for their fields of nursing practice: adult, mental health, learning disabilities and children's nursing (R4.5)

MET ☒ **NOT MET** ☐

R4.5 is met. Comprehensive mapping of the programme outcomes and Standards of proficiency for registered nurses including the skills and procedures in annexe A and B is provided and illustrates how these are met for each of the fields of nursing practice. The south PAD is also clearly mapped against the proficiencies. PLPs told us they are reviewing and updating their policies and the upskilling/reskilling needs of their staff to enable students to learn and practice these skills and procedures.

A placement planner for the mental health and learning disabilities pathways across the three years demonstrates a range of care settings across the age continuum. The placement planner for the adult pathway also demonstrates a range of care settings. We are assured that opportunities for working with children are also a part of the planned journey in the adult pathway and this is monitored in the skills passport.

Evidence provides assurance that the following QA approval criteria are met:

- There is evidence that all programmes include a health numeracy assessment related to nursing associate proficiencies and calculation of medicines which must be passed with a score of 100 percent (R4.6)

  YES ☒ **NO** ☐

- Processes are in place to ensure that students meet all communication and relationship management skills and nursing procedures within their fields of nursing practice: adult, mental health, learning disabilities and children's nursing (R4.7) **YES** ☒ **NO** ☐

- Evidence of processes to assess students to confirm proficiency in preparation for professional practice as a registered nurse (R4.8)

  YES ☒ **NO** ☐

- There is an assessment strategy with details and weighting expressed for all credit bearing assessments. Theory and practice weighting is calculated and detailed in award criteria and programme handbooks (R4.9)

  YES ☒ **NO** ☐

- There is evidence that all proficiencies are recorded in an ongoing record of achievement which must demonstrate the achievement of proficiencies and skills as set out in the *Standards of proficiency for registered nurses* (R4.10)

  YES ☒ **NO** ☐

- Evidence to ensure the knowledge and skills for nurses responsible for general care set out in article 31(6) and the competencies for nurses responsible for general care set out in article 31(7) of Directive 2005/36/EC for pre-registration nursing programmes leading to registration in the adult field of practice have been met (R4.11) **YES** ☒ **NO** ☐

Assurance is provided that Gateway 1: *Standards framework for nursing and midwifery education* relevant to supervision and assessment are met

YES ☐ **NO** ☒

SFNME R3.5 requires that students are supervised and supported in practice learning in accordance with the SSSA. The information provided in the student handbook doesn't differentiate between the roles of the practice supervisor and practice assessor and lacks information about the academic assessor role. The information for students is unclear and doesn't provide assurance that support, supervision, learning, and assessment complies with the SFNME. (Condition two) (SFNME R3.5, SPNP R4.1)

Assurance is provided that Gateway 2: *Standards for student supervision and assessment* are met

YES ☒ **NO** ☐

Outcome

Is the standard met? **MET** ☐ **NOT MET** ☒

The programme handbook doesn't clearly differentiate the role and responsibilities of the practice supervisor and the practice assessor or detail the role of the academic assessor. This information for students about the support, supervision and assessment when they are in practice learning environments is unclear and doesn't meet SFNME R3.5 and SPNP R4.1. (Condition two)

Condition two: In student facing documentation clarify and differentiate between the role of a practice supervisor and practice assessor and include the role of the academic assessor. (SFNME R3.5, SPNP R4.1)

Date: 30 June 2019

Post event review

Identify how the condition(s) is met:

Condition two: Revised documentation provided by the programme team evidences the required changes to meet condition two. A revised student programme handbook clearly identifies and differentiates the roles of practice supervisor and practice assessor. Details of the role of the academic assessor is also clearly specified. The evidence provides assurance that information for students about the support, supervision and assessment when they are in practice learning environments is clear and comprehensive. Condition two is now met.

Evidence:

UoW updated BN Hons nursing student programme handbook, version nine, 2019

Date condition(s) met: 12 July 2019

Revised outcome after condition(s) met:	**MET** ☒	**NOT MET** ☐

Condition two is now met.

Assurance is provided that the SPNP R4.1 is met.

Assurance is provided that the SFNME R3.5 is met

Standard 5: Qualification to be awarded

Approved education institutions, together with practice learning partners, must:

R5.1 ensure that the minimum award for a pre-registration nursing programme is a bachelor's degree, and

R5.2 notify students during and before completion of the programme that they have five years to register their award with the NMC. In the event of a student failing to register their qualification within five years they will have to undertake additional education and training or gain such experience as specified in our standards.

Findings against the standards and requirements

Evidence provides assurance that the following QA approval criteria are met:

- The pre-registration nursing programme award to be approved is clearly identified in all programme documentation and is a minimum of a bachelor's degree (R5.1)

YES ☒ **NO** ☐

- Documentary evidence that the registered nurse responsible for directing the educational programme or their designated registered nurse substitute have advised students during and before completion of the requirement to register their qualification within five years of the award. (R5.2)

YES ☒ **NO** ☐

Fall Back Award

If there is a fall back exit award with registration as a nurse all NMC standards and proficiencies are met within the award

Standards framework for nursing and midwifery education specifically R2.11, R2.20

YES ☐ **NO** ☒ **N/A** ☐

There are no fall-back exit awards with NMC registration.

Assurance is provided that the *Standards framework for nursing and midwifery education* relevant to the qualification to be awarded are met

	YES ☒ **NO** ☐
Outcome	
Is the standard met? **Date:** 30 June 2019	**MET** ☒ **NOT MET** ☐

Section four

Sources of evidence

The following documentation provided by the AEI/education institution was reviewed by the visitor(s):

Key documentation	YES	NO
Programme document, including proposal, rationale and consultation	☒	☐
Programme specification(s) include fields of nursing practice: adult, mental health, learning disabilities and children's nursing	☒	☐
Module descriptors	☒	☐
Student facing documentation including: programme handbook	☒	☐
Student university handbook	☒	☐
Practice assessment documentation	☒	☐
Ongoing record of achievement (ORA)	☒	☐
Practice learning environment handbook	☒	☐
Practice learning handbook for practice supervisors and assessors specific to the programme	☐	☒
Academic assessor focused information specific to the programme	☐	☒
Placement allocation / structure of programme	☒	☐
PAD linked to competence outcomes, and mapped against standards of proficiency	☒	☐
Mapping document providing evidence of how the education institution has met the *Standards framework for nursing and midwifery education* (NMC, 2018)	☒	☐
Mapping document providing evidence of how the education institution has met the *Standards for pre-registration nursing programmes* (NMC, 2018)	☒	☐

Mapping document providing evidence of how the *Standards for student supervision and assessment* (NMC, 2018) apply to the programme(s)	☒	☐
Curricula vitae for relevant staff	☒	☐
CV of the registered nurse responsible for directing the education programme	☒	☐
Registrant academic staff details checked on NMC website	☒	☐
External examiner appointments and arrangements	☒	☐
Written confirmation by education institution and associated practice learning partners to support the programme intentions, including a signed supernumerary agreement.	☒	☐

List additional documentation:

Exemptions to university regulations for the pre-registration nursing programme, 15 May 2019

Presentation from the Dean Designate including faculty plan and timeline for additional staffing resource for the pre-registration nursing programme, 13 June 2019

Post event to evidence the conditions are met.

UoW self-managed placement student application process including guidelines, undated

UoW updated risk assessment tool, undated

UoW BN nursing programme, introductory letter to host placement, undated

UoW fieldwork and overseas travel; health and safety policy and guidance 1.3.1, 25 August 2017

UoW updated BN Hons nursing student programme handbook, version nine, 2019

UoW updated BN Hons nursing skills passport, version three, 2019

UoW BN Hons nursing updated module specifications, various, undated

UoW BN Hons nursing, revised website applicant information, undated

UoW BN Hons nursing programme specification, version eight, 2019

If you stated no above, please provide the reason and mitigation: There isn't a separate practice learning handbook for practice supervisors and assessors specific to the programme or academic assessor focused information. All relevant information is integrated into the one practice learning handbook.
Additional comments:

During the event the visitor(s) met the following groups:

	YES	NO
Senior managers of the AEI/education institution with responsibility for resources for the programme	☒	☐
Senior managers from associated practice learning partners with responsibility for resources for the programme	☒	☐
Programme team/academic assessors	☒	☐
Practice leads/practice supervisors/practice assessors	☒	☐
Students	☒	☐
If yes, please identify cohort year/programme of study: During practice visits we met the following students from other AEIs; 2 x final year learning disabilities students 2 x final year adult 1 x first year adult 1 x first year children's nursing students We also met in the university x 8 UoW physiotherapy students		
Service users and carers	☒	☐
If you stated no above, please provide the reason and mitigation:		
Additional comments:		

The visitor(s) viewed the following areas/facilities during the event:

	YES	NO
Specialist teaching accommodation (e.g. clinical skills/simulation suites)	☒	☐
Library facilities	☒	☐
Technology enhanced learning/virtual learning environment	☒	☐
Educational audit tools/documentation	☒	☐
Practice learning environments	☒	☐
If yes, state where visited/findings: Avalon house, community nursing team, Southern Health NHS Foundation Trust Avalon house, community mental health team, Southern Health NHS Foundation Trust Melbury Lodge, Southern Health NHS Foundation Trust Community learning disabilities team, Poles Copse, Southern Health NHS Foundation Trust Clarke Ward, Hampshire Hospitals NHS Foundation Trust Kemp Welch Ward, Hampshire Hospitals NHS Foundation Trust		
System regulator reports reviewed for practice learning partners	☒	☐
If yes, system regulator reports list System Regulator Reports List CQC quality report Hampshire Hospitals NHS Foundation Trust, 26 September 2018		
If you stated no above, please provide the reason and mitigation:		
Additional comments: Day one practice visits, meetings with; clinical managers x 8; future practice supervisors and assessors x 2 Senior manager for HHFT teaching and simulation facilities Day one university meetings with; Vice Chancellor, Dean designate and senior faculty staff; university senior librarian		

Mott MacDonald Group Disclaimer

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Issue record			
Final Report			
Author:	Bernie Wallis	Date:	17 June 2019
Checked by:	Judith Porch	Date:	31 July 2019
Approved by:	Leeann Greer	Date:	28 August 2019
Submitted by:	Holly Stallard	Date:	22 August 2019

Evidence Cover Sheet

Appendix eight:
Date(s): 2 July 2019
Appendix title(s): 8.3 Programme approval visit report: University of Bedfordshire
Context of the evidence: The University of Bedfordshire presented two FdSc Nursing Associate programmes for validation and approval. The registrant visitor and I did not recommend to the programmes to the NMC for approval, as they did not meet the NMC Standards for Education and Training (2018). It was the first occasion, under the 2018 Standards that programmes had been refused approval.
Purpose of the evidence: The University did not present evidence of coproduction with partners, service users and carers or students, and this had a significant and fundamental impact on the overall quality and consistency of the documentation presented. This report is submitted as part of my portfolio, because it represents a significant shift in my expectations. I became more confident in my own knowledge and through the significant challenges this presented, I developed my own skills of assertiveness and situational judgement and management. I have reflected extensively on this experience.
Signposting to key points of reference: Page 2 - Summary of review and findings - paragraphs 2 Page 3 - Condition six - "Ensure the programme is designed, developed, delivered, evaluated and co-produced with service users, students, PLPs and employers (SFNME R1.12, R5.5)" Page 33 - Additional comments - "We met with two service users during the visit. One has met the programme team and has made comments regarding students' union information to be included within the programme handbook. The other service user was new to the role and was unsure how they could be involved in the programme".

Nursing & Midwifery Council

Better, safer care through quality assurance of nursing, midwifery and nursing associate education.

MOTT MACDONALD

Introduction

We refused approval of the programme(s) listed in this report as nine conditions were set during the approval process and we allow up to five conditions for a programme to be approved.

The conditions are outlined in the report.

A programme can't run until it has successfully passed our programme approval process and we've confirmed in writing that it has been approved.

As such, the programme(s) contained within this report can't run until we have granted approval.

As there are currently students on the legacy Health Education England (HEE) Nursing Associate programme (pre-NMC standards), we have liaised with HEE over this refusal. HEE have subsequently carried out further quality assurance and provided us with robust assurance in relation to the student learning experience on the current programme.

Nursing & Midwifery Council

Better, safer care through quality assurance of nursing, midwifery and nursing associate education.

MOTT MACDONALD

Programme approval visit report

Section one

Programme provider name:	University of Bedfordshire
In partnership with: *(Associated practice learning partners involved in the delivery of the programme)*	Buckinghamshire Healthcare Trust Bedford Hospitals NHS Trust Hertfordshire Community NHS Trust East and North Hertfordshire NHS Trust East London Foundation Trust Luton and Dunstable Hospital NHS Foundation Trust Milton Keynes Hospital NHS Trust
Programme reviewed:	Pre-registration nursing associate ☒ Nursing associate apprenticeship ☒
Title of programme:	Foundation degree science (FdSc) nursing associate FdSc nursing associate practitioner (apprenticeship)
Date of approval visit:	2 July 2019
Programme start date:	
Pre-registration nursing associate	30 September 2019
Nursing associate apprenticeship	30 September 2019
Academic level:	England ☒ Level 5 ☐ Level 6
QA visitor(s):	Registrant Visitor: Peter Griffin Lay Visitor: Sophia Hunt

Section two

Summary of review and findings

The University of Bedfordshire (UoB), faculty of health and social care sciences, presented a two-year full-time foundation degree science (FdSc) nursing associate programme for approval against the Standards for pre-registration nursing associate programmes and Standards of proficiency for nursing associates (NMC, 2018). Two full-time routes are proposed: a direct entry route and an apprenticeship route. The UoB, an established approved education institution (AEI), currently delivers a nursing associate (NA) programme based on Health Education England (HEE) curriculum.

The programme documentation and approval process do not provide assurance of effective partnership working between the AEI, employers, practice learning partners (PLPs), students and service users and carers (SUC) as key stakeholders. There is very limited evidence of the involvement of each key stakeholder group and no evidence of co-production in the design of the programme proposal.

Programme documentation contains errors and factual inaccuracies. One example of this is the programme has been aligned to the 2017 nursing associate apprenticeship standard instead of the 2019 nursing associate apprenticeship standard.

UoB has adopted the pan-England nursing associate practice assessment document (PAD) and ongoing achievement record (OAR). Whilst this initiative provides a consistent approach to the assessment of practice, there is little understanding and clarity regarding this documentation demonstrated by the PLPs, students and the programme team.

The following employers attended the approval visit in support of the NA apprenticeship but not the direct entry route: Bedford Hospital NHS Trust, East London NHS Foundation Trust, Cambridgeshire and Peterborough NHS Foundation Trust, Bedford Community Mental Health Teams, Luton Community Mental Health Teams, Luton and Dunstable University Hospital NHS Trust, Cambridgeshire Community Services, and West Hertfordshire Hospitals NHS Trust. The employers told us, they have not been directly involved in programme development; have not agreed to support a direct entry route; and, have not agreed to the transfer of current HEE students to the Standards for pre-registration nursing associate programmes (NMC, 2018).

The PLPs we met are not able to clearly describe processes for raising and escalating concerns regarding any aspect of practice learning. This creates a risk to students and public protection, with regard to safety within the practice learning environment and the quality of the student learning experience. Students state that they have lost confidence in raising concerns to the UoB, as previous concerns have not been responded to. This resulted in a student not reporting serious

concerns regarding patient safety to the UoB. These concerns were reported via the PLP.

We met with the programme team, PLPs, employers, students, practice supervisors and assessors and service users and carers during the approval visit. From the lack of evidence and findings at the approval visit we are not assured that the Standards framework for nursing and midwifery education (SFNME) (NMC, 2018) is met at programme level. Four out of five Standards for pre-registration nursing associate programmes are not met including a number of requirements under each standard.

Findings from documentary evidence and at the programme approval visit resulted in eight conditions relating directly to NMC Standards and requirements and eleven university conditions. Five recommendations relating to NMC Standards are made. The SFNME, (NMC, 2018) is not effectively mapped to the programme and not met at programme level. The Standards for student supervision and assessment, (SSSA), (NMC, 2018) are met at programme level.

The programme is not recommended to the NMC for approval. There are 11 AEI conditions.

The NMC conditions are:

Condition one: Provide clarity and consistency of the theory and practice programme hours for the nursing associate (apprenticeship route) across the programme documentation. (SPNAP R2.6, R2.7) (Joint AEI and NMC condition)

Condition two: Provide assurance and confirmation that nursing associate direct entry students will be supernumerary for a minimum of 1,150 hours in line with option A. (SPNAP R3.5)

Provide assurance and confirmation that nursing associate apprentices will have protected learning time of a minimum of 1,150 hours in line with option B. (SPNAP R3.5)

Condition three: Programme documentation must apply the Institute for Apprenticeships and Technical Education (IfATE) Nursing associate apprenticeship standard 2019 mapped to the SPNAP, (NMC 2018). (SFNME 2.1) (Joint AEI and NMC condition)

Condition four: Practice assessment must have clear formative and summative points mapped to module learning outcomes. (SPNAP R4.4, SFNME R5.8)

Condition five: Provide documentation to permit recognition of prior learning (RPL) capable of being mapped to the Standards of proficiency for nursing associates and programme outcomes up to a maximum of 50 percent. (SPNAP 1.5) (Joint AEI and NMC condition)

Condition six: Ensure the programme is designed, developed, delivered, evaluated and co-produced with service users, students, PLPs and employers. (SFNME R1.12, R5.5)

Condition seven: PLPs need to provide assurance of placement capacity and that supervision and support is in place for nursing associate students studying the direct entry route. (SFNME 2.14)

Condition eight: Ensure the partnership agreement between the AEI and employers supports the transfer of current HEE trainee nurse associate (TNA) apprentices to the new SPNAP standards. (SFNME 2.1)

Ensure current TNAs consent to the transfer to the new SPNAP standards. (SFNME 2.1)

NMC recommendations are:

Recommendation one: Recommend revising the AEI supplementary text in relation to resit opportunity within the NA PAD. (SPNAP R4.7)

Recommendation two: Consider scoping the numbers of academic assessors required to support nursing associate over a two-year period and in relation to other NMC programmes requiring academic assessors. (SFNME R2.14, SPNAP R4.2)

Recommendation three: Consider providing a glossary of terms in student/apprentice facing documentation to explain multiple support roles available to TNAs. (SFNME R3.2)

Recommendation four: Consider detailing the process of communication between practice assessors and academic assessors. (SPNAP R4.2)

Recommendation five: Consider seeking variation from the university regulations to remove the 50 percent maximum RPL limit to admit current NMC registered nurses without restriction on their practice. (SPNAP R1.5)

Recommended outcome of the approval panel	
Recommended outcome to the NMC:	Programme is recommended to the NMC for approval ☐ Programme is recommended for approval subject to specific conditions being met ☐ Recommended to refuse approval of the programme ☒
Recommendations to enhance the programme delivery:	NMC recommendations are: Recommendation one: Recommend revising the AEI supplementary text in relation to resit opportunity within the NA PAD. (SPNAP R4.7) Recommendation two: Consider scoping the numbers of academic assessors required to support nursing associate over a two-year period and in relation to other NMC programmes requiring academic assessors. (SFNME R2.14, SPNAP R4.2)

	Recommendation three: Consider providing a glossary of terms in student/apprentice facing documentation to explain multiple support roles available to TNAs. (SFNME R3.2) Recommendation four: Consider detailing the process of communication between practice assessors and academic assessors. (SPNAP R4.2) Recommendation five: Consider seeking variation from the university regulations to remove the 50 percent maximum RPL limit to admit current NMC registered nurses without restriction on their practice. (SPNAP R1.5)
Focused areas for future monitoring:	Future monitoring must explore the quality of student experience and support within the practice learning environment. This should include: Achievement of supernumerary status for direct entry students. Monitoring of protected learning time for student NA apprentices. Achievement of programme hours. Support provided to students who raise and escalate concerns. The engagement of all stakeholders within the ongoing development, monitoring, delivery and evaluation of the programme. The consistency of approach to supporting and facilitating student learning across the PLPs. Adequate numbers of suitably prepared and updated practice supervisors and practice assessors.

Programme is recommended for approval subject to specific conditions being met	
Commentary post review of evidence against conditions	
AEI Observations	**Observations have been made by the education institution YES ☒ NO ☐**

Summary of observations made, if applicable	AEI observations are supplied as a separate document.

Section three

NMC Programme standards
Please refer to NMC standards reference points *Standards for pre-registration nursing associate programmes (NMC, 2018)* *Standards of proficiency for nursing associates* (NMC, 2018), *Standards framework for nursing and midwifery education* (NMC, 2018) *Standards for student supervision and assessment* (NMC, 2018) The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates QA framework for nursing, midwifery and nursing associate education (NMC, 2018) QA Handbook

Partnerships
The AEI works in partnership with their practice learning partners, service users, students and all other stakeholders.
Please refer to the following NMC standards reference points for this section: *Standards framework for nursing and midwifery education* (NMC, 2018) **Standard 1: The learning culture:** R1.12 ensure programmes are designed, developed, delivered, evaluated and co-produced with service users and other stakeholders R1.13 work with service providers to demonstrate and promote inter-professional learning and working **Standard 2: Educational governance and quality:** R2.2 all learning environments optimise safety and quality taking account of the diverse needs of, and working in partnership with, service users, students and all other stakeholders R2.4 comply with NMC *Standards for student supervision and assessment* R2.5 adopt a partnership approach with shared responsibility for theory and practice supervision, learning and assessment, including clear lines of communication and accountability for the development, delivery, quality assurance and evaluation of their programmes R2.7 ensure that service users and representatives from relevant stakeholder groups are engaged in partnership in student recruitment and selection

Standard 3: Student empowerment:

R3.3 have opportunities throughout their programme to work with and learn from a range of people in a variety of practice placements, preparing them to provide care to people with diverse needs

R3.16 have opportunities throughout their programme to collaborate and learn with and from other professionals, to learn with and from peers, and to develop supervision and leadership skills

R3.17 receive constructive feedback throughout the programme from stakeholders with experience of the programme to promote and encourage reflective learning

R3.18 have opportunities throughout their programme to give feedback on the quality of all aspects of their support and supervision in both theory and practice.

Standard 4: Educators and assessors:

R4.7 liaise and collaborate with colleagues and partner organisations in their approach to supervision and assessment

R4.9 receive and act upon constructive feedback from students and the people they engage with to enhance the effectiveness of their teaching, supervision and assessment

R4.10 share effective practice and learn from others

Standard 5: Curricula and assessment:

R5.4 curricula are developed and evaluated by suitably experienced and qualified educators and practitioners who are accountable for ensuring that the curriculum incorporates relevant programme outcomes

R5.5 curricula are co-produced with stakeholders who have experience relevant to the programme

R5.14 a range of people including service users contribute to student assessment

Standards for student supervision and assessment (NMC, 2018**)**

Standard 1: Organisation of practice learning:

R1.7 students are empowered to be proactive and to take responsibility for their learning

R1.8 students have opportunities to learn from a range of relevant people in practice learning environments, including service users, registered and non-registered individuals, and other students as appropriate

Standard 2: Expectations of practice supervisors:

R2.2 there is support and oversight of practice supervision to ensure safe and effective learning

Standard 3: Practice supervisors: role and responsibilities:

R3.3 support and supervise students, providing feedback on their progress towards, and achievement of, proficiencies and skills

Standard 4: Practice supervisors: contribution to assessment and progression:

R4.3 have sufficient opportunities to engage with practice assessors and academic assessors to share relevant observations on the conduct, proficiency and achievement of the students they are supervising

Standard 7: Practice assessors: responsibilities:

R7.9 communication and collaboration between practice and academic assessors is scheduled for relevant points in programme structure and student progression

Standard 9: Academic assessors: responsibilities:

R9.6 communication and collaboration between academic and practice assessors is scheduled for relevant points in programme structure and student progression

Findings against the standard and requirements

Provide an evaluative summary about the effectiveness of the partnerships between the AEI and their practice learning partners, service users, students and any other stakeholders.

We found limited evidence of effective partnership working between the programme team and PLPs and apprenticeship employers. The documentary analysis and meetings at the approval visit demonstrate limited commitment by the AEI to work with stakeholders to co-produce, deliver and monitor the programme. At the approval visit none of the PLPs and apprenticeship employers, students, service users and carers that we met have been involved in or invited to participate in the programme design and development process. (Condition seven) (SFNME R1.12, R5.5)

PLPs and employers were represented at the approval visit. PLPs are unclear about the proposed NA programme and the implementation of the SPNAP (NMC, 2018). Employers and PLPs have not been consulted regarding transfer of existing apprenticeship students to the proposed new NMC programme. They told us they were not aware that existing apprenticeships students were transferring to the proposed curriculum. (Condition nine) (SFNME R2.1)

The PLPs have plans in place to facilitate the implementation of the SSSA (NMC, 2018). Programme documentation contains multiple support roles to guide students throughout the programme. The programme team are advised to consider providing a glossary of terms in student/apprentice facing documentation to explain the multiple support roles available to TNAs. (Recommendation three) (SFNME 3.2)

Some PLPs are unaware of the direct entry self-funded route into the FdSc Nursing associate programme. However, others told us the self-funded route is a challenge in terms of learner capacity and ensuring the quality of practice learning is not compromised. PLPs have not made a formal commitment to the AEI to

provide placement capacity for the direct entry route. (Condition eight) (SFNME R1.2)

Documentary analysis confirms there is both policy and procedure for raising concerns in practice. This is detailed in the student facing practice learning handbook and a flow chart details the steps to raise a concern in practice. At the approval visit we met four current HEE students from one apprenticeship cohort. These students report high levels of dissatisfaction in the support from both PLPs and the AEI. They expressed a number of concerns. These concerns included limited access to protected learning time and supervision, concerns around staffing numbers, quality of patient care and attending placement on their days off and during annual leave to complete their PAD. Students told us that the AEI was unresponsive to concerns raised, which include concerns around patient safety. Students state that they have lost confidence in raising concerns to the UoB, as prior concerns have not been responded to. This resulted in a student not reporting serious concerns regarding patient safety to the UoB. These concerns were reported via the PLP.

The concerns raised fall outside the remit of the approval process but were escalated to the NMC to report to those with responsibility to investigate.

The students we met are not aware that there is a new programme proposal and are unaware of the proposal to transfer to the proposed programme. (Condition nine) (SFNME R2.1)

Documentary analysis confirms a current SUC policy is in place and states that SUCs are involved in all elements of the student journey, including attending open days, involvement in selection and recruitment and programme development. We met two SUCs at the approval visit. They told us they have not contributed to the proposed programme development, or current programme delivery. We did not hear evidence of support mechanisms, described in the SUC policy, as being in place for SUC involvement or of co-ordination of SUC involvement in the current HEE programme. We conclude that the SUC policy has not been applied to the proposed programme. (Condition seven) (SFNME R1.12, R5.5)

Assurance is provided that the AEI works in partnership with their practice learning partners, service users, students and all other stakeholders as identified in Gateway 1: *Standards framework for nursing and midwifery education* and,

MET ☐ **NOT MET** ☒

We are not assured that there are effective governance systems in place to ensure compliance with regulatory, professional and educational requirements. For example, documentary analysis refers to the Institute for Apprenticeships and Technical Education (IfATE), Nursing associate standard (IfATE, 2017) and Future Nurse. (Condition three)

The proposed programme is not designed and developed in co-production with service users, students, employers and PLPs. (Condition seven) (SFNME R1.12, R5.5)

Some PLPs are unaware of, and some are challenged by, the AEIs proposal to introduce a direct-entry route where students self-fund the FdSc Nursing associate programme. There is no clear commitment of placement capacity or intention to facilitate supernumerary student placements. (Condition eight) (SFNME 2.14)

The students and PLPs we met are unaware that the AEI has submitted a proposal to transfer existing apprenticeship students onto the new programme. (Condition nine) (SFNME 2.1)

Please provide any narrative for any exceptions

Gateway 2: *Standards for student supervision and assessment*

MET ☒ **NOT MET** ☐

Please provide any narrative for any exceptions

If not met, state reason and identify which standard(s) and requirement(s) are not met and the reason for the outcome

The programme is not mapped against the current NA apprenticeship standard (IfATE, 2019). Condition three: Programme documentation must apply the IfATE Nursing associate apprenticeship standard 2019 which is mapped to the NMC 2018 Standards for pre-registration nursing associate programmes. (SFNME 2.1) (Joint AEI and NMC condition)

The stakeholder groups we met during the approval visit confirm that they have not been involved in the design of the programme.

Condition seven: Ensure the proposed programme is designed, developed, delivered, evaluated and co-produced with service users, students, PLPs and employers. (SFNME R1.12, R5.5)

Some PLPs are unaware of, and some are challenged by, the AEI's proposal to introduce a direct-entry route where students self-fund the FdSc Nursing associate programme. There is no clear commitment to placement capacity or intention to facilitate supernumerary student placements.

Condition eight: PLPs need to provide assurance of placement capacity and that supervision and support is in place for nursing associate students studying the direct entry route. (SFNME R2.14)

The students and PLPs we met are unaware that the AEI has submitted a proposal to transfer existing apprenticeship students on to the new programme.

Condition nine: Ensure the partnership agreement between AEI and employers supports the transfer of current HEE TNA apprentices to the new SPNAP standards. (SFNME R2.1)

Ensure current TNAs consent to the transfer to the new SPAP standards. (SFNME R2.1)

Student journey through the programme

Standard 1: Selection, admission and progression

Approved education institutions, together with practice learning partners, must:

R1.1 Confirm on entry to the programme that students:

R1.1.1 demonstrate values in accordance with the Code

R1.1.2 have capability to learn behaviours in accordance with the Code

R1.1.3 have capability to develop numeracy skills required to meet programme outcomes

R1.1.4 can demonstrate proficiency in English language

R1.1.5 have capability in literacy to meet programme outcomes

R1.1.6 have capability for digital and technological literacy to meet programme outcomes

R1.2 ensure students' heath and character allows for safe and effective practice on entering the programme, throughout the programme and when submitting the supporting declaration of health and good character in line with the NMC's health and character decision-making guidance. This includes satisfactory occupational health assessment and criminal record checks.

R1.3 ensure students are fully informed of the requirement to declare immediately any cautions or convictions, pending charges or adverse determinations made by other regulators, professional bodies and educational establishments and that any declarations are dealt with promptly, fairly and lawfully.

R1.4 ensure that the registered nurse or registered nursing associate responsible for directing the educational programme or their designated registered nurse substitute or designated registered nursing associate substitute, are able to provide supporting declarations of health and character for students who have completed a pre-registration nursing associate programme.

R1.5 permit recognition of prior learning that is capable of being mapped to the *Standards of proficiency for nursing associates* and programme outcomes, up to a maximum of 50 percent of the programme. This maximum limit of 50 percent does not apply to applicants to pre-registration nursing associate programmes who are currently a NMC registered nurse without restrictions on their practice, and

R1.6 provide support where required to students throughout the programme in continuously developing their abilities in numeracy, literacy, digital and literacy to meet programme outcomes.

Standards framework for nursing and midwifery education specifically*:*

R2.6, R2.7, R2.8, R2.10

Proposed transfer of current students to the programme under review

Demonstrate a robust process to transfer students studying Health Education England curriculum onto the proposed programme to ensure programme learning outcomes and proficiencies meet the *Standards for pre-registration nursing associate programmes (NMC, 2018).*

Findings against the standard and requirements

Evidence provides assurance that the following QA approval criteria are met:

- There is evidence of selection processes, including statements on digital literacy, literacy, numeracy, values-based selection criteria and capability to learn behaviour according to the Code, educational entry standard required, and progression and assessment strategy, English language proficiency criteria is specified in recruitment processes. Service users and practitioners are involved in selection processes. (R1.1.1 – R1.1.6)

  YES ☒ **NO** ☐

- There is evidence of occupational health entry criteria, inoculation and immunisation plans, fitness for nursing assessments, Criminal record checks and fitness for practice processes are detailed. (R1.2)

  YES ☒ **NO** ☐

- Health and character processes are evidenced including information given to applicants and students including details of periodic health and character review timescales. Fitness for practice processes are evidenced and information given to applicants and students are detailed. (R1.3)

  YES ☒ **NO** ☐

- Processes are in place for providing supporting declarations by a registered nurse or registered nursing associate responsible for directing the educational programme (R1.4)

  YES ☒ **NO** ☐

Provide an evaluative summary from your documentary analysis and evidence AND discussion at the approval visit to demonstrate if assurance is provided that the QA approval criteria below is met or not met.

- There is evidence of recognition of prior learning processes that are capable of being mapped to the Standards of proficiency for nursing associates and programme outcomes, up to a maximum of 50 percent of the programme. This maximum limit of 50 percent does not apply to applicants to pre-registration nursing associate programmes who are

currently a NMC registered nurse without restrictions on their practice. (R1.5)

MET ☐ **NOT MET** ☒

The mechanism for the transfer of current HEE nursing associate apprentices to the proposed programme via RPL is unclear. The UoB must provide evidence of mapping documents against the Standards of proficiency for nursing associates and programme outcomes to support the proposed transfer of existing apprenticeship students to the proposed programme. (Condition five) (Joint AEI and NMC condition)

The programme documentation states that the UoB will permit RPL that is capable of being mapped to the Standards of proficiency for nursing associates and programme outcomes above 50 percent of the programme for applicants who are currently a NMC registered nurse without restrictions on practice. However, there is no approved variation to standard university regulations to allow this at the UoB. (Recommendation five)

- Numeracy, literacy, digital and technological literacy are mapped against proficiency standards and programme outcomes. Provide evidence that the programme meets NMC requirements, mapping how the indicative content meets the proficiencies and programme outcomes. Ongoing achievement record (OAR)/PAD linked to competence outcomes in literacy, digital and technological literacy to meet programme outcomes. (R1.6)

MET ☒ **NOT MET** ☐

R1.6 is met. Evidence is provided that the programme meets NMC requirements, including mapping how the proficiencies and programme outcomes are met across the modules and practice assessments.

There is detail provided that support strategies are in place for students throughout the programme to continuously develop their abilities in numeracy, literacy, digital and technological literacy to meet programme outcomes. Students participate in a 'Learning Gain' project during induction week (welcome week) to assess numeracy and verbal reasoning skills. These skills are reassessed at points during the programme to ensure students are progressing in their skills. The students receive additional support from a 'study hub' team in order to develop their literacy, numeracy and digital literacy skills. The proposed programme includes an academic skills development unit that focuses on numeracy, literacy and digital technology skills and competency development. The NA PAD includes competencies relating to literacy and digital and technological literacy.

Proposed transfer of current students to the programme under review

From your documentary analysis and your meeting with students, provide an evaluative summary to confirm how the *Standards for pre-registration nursing associate programmes* **and** *Standards of proficiency for nursing associate*

will be met through the transfer of existing students onto the proposed programme.

- There is evidence that students learning in theory and practice on the HEE curriculum is mapped to the programme standards and Standards for pre-registration nursing associate programmes and support systems are in place.

MET ☐ **NOT MET** ☒

Documentary analysis and discussion with the programme team confirms intent to transfer current HEE nursing associate apprentices to the proposed programme. The UoB has not provided mapping documents to support the proposed transfer of students from the HEE curriculum and the apprenticeship standards (IfATE, 2017) to the NMC programme standards and apprenticeship standards (IfATE, 2019. (Condition five) (Joint AEI and NMC condition)

Documentary analysis does not detail any form of consultation with current HEE student nursing associates and this was triangulated at the approval visit. The students that we met are unaware of the proposed programme or the intention to transfer to the NMC programmes Employers are also unaware of the proposed transfer of their apprentices to the Standards for nursing associate programmes (NMC, 2018). (Condition five and Condition nine)

Assurance is provided that Gateway 1: *Standards framework for nursing and midwifery education* relevant to selection, admission and progression are met

YES ☐ **NO** ☒

There are a number of requirements from the SFNME that are not met in relation to standard one, specifically R2.8 in relation to RPL process and the absence of mapping to programme learning outcomes and proficiencies. (Condition five)

The school has not sought RPL variation from the UoB regulations to apply the SPNAP R1.5. (Condition six)

Whilst there is documentary evidence of the intent to co-produce the programme with stakeholders this was not triangulated at the approval visit in relation to SFNME R1.12, R5.5. (Condition seven)

The students and PLPs are unaware that the AEI has submitted a proposal to transfer existing apprenticeship students on to the new programme. This does not comply with the competitions and marketing authority regulation (CMA) and the SFNME R2.1. (Condition nine)

Outcome

Is the standard met? **MET** ☐ **NOT MET** ☒

The UoB is seeking to transfer current HEE nursing associate apprentices to the proposed NMC programme. The UoB must provide mapping documents to support the proposed transfer of existing apprenticeship students to the proposed programme.

Condition five: Provide documentation to permit recognition of prior learning (RPL) capable of being mapped to the Standards of proficiency for nursing associates and programme outcomes up to a maximum of 50 percent. (SPNAP R1.5) (Joint AEI and NMC condition)

Whilst there is documentary evidence of the intent to co-produce the programme with stakeholders this was not triangulated at the approval visit in relation to the SFNME R1.12.

Condition six: Ensure the programme is designed, developed, delivered, evaluated and co-produced with service users, students, PLPs and employers. (SFNME R1.12, R5.5)

The students and PLPs are unaware that the AEI has submitted a proposal to transfer existing apprenticeship students on to the new programme. This does not comply with the CMA regulation and SFNME R2.1.

Condition eight: Ensure the partnership agreement between AEI and employers supports the transfer of current HEE TNA apprentices to the new SPNAP standards. (SFNME R2.1)

Ensure current TNAs consent to the transfer to the new SPNAP standards. (SFNME R2.1)

Date: 2 July 2019

Standard 2: Curriculum
Approved education institutions, together with practice learning partners, must: R2.1 ensure that programmes comply with the *NMC Standards framework for nursing and midwifery education* R2.2 comply with the NMC *Standards for student supervision and assessment* R2.3 ensure that all programme learning outcomes reflect the *Standards of proficiency for nursing associates.* R2.4 design and deliver a programme that supports students and provides an appropriate breadth of experience for a non-field specific nursing associate programme, across the lifespan and in a variety of settings R2.5 set out the general and professional content necessary to meet the *Standards of proficiency for nursing associates* and programme outcomes R2.6 ensure that the programme hours and programme length are: 2.6.1 sufficient to allow the students to be able to meet the *Standards of proficiency for nursing associates*,

2.6.2 no less than 50 percent of the minimum programme hours required of nursing degree programmes, currently set under Article 31(3) of Directive 2005/36/EC (4,600 hours)

2.6.3 consonant with the award of a foundation degree (typically 2 years)

R2.7 ensure the curriculum provides an equal balance of theory and practice learning using a range of learning and teaching strategies, and

R2.8 ensure nursing associate programmes which form part of an integrated programme meet the nursing associate requirements and nursing associate proficiencies.

Standards framework for nursing and midwifery education specifically*:*

R1.9, R1.13; R2.2, R2.14, R2.15, R2.18, R2.19; R3.1, R3.2, R3.4, R3.7, R3.9, R3.10, R3.15, R 3.16;

R5.1 - R5.16.

Standards for student supervision and assessment specifically*:*

R1.2, R1.3, R1.7, R1.10, R1.11

Findings against the standard and requirements

Evidence provides assurance that the following QA approval criteria are met:

- There is evidence that the programme complies with the NMC *Standards framework for nursing and midwifery education* (R2.1)

YES ☒ **NO** ☐

- There is evidence that the programme complies with the NMC *Standards for student supervision and assessment* (R2.2)

YES ☒ **NO** ☐

- Mapping has been undertaken to show how the curriculum and practice learning content meets the *Standards of proficiency for nursing associates* and programme outcomes. (R2.3)

YES ☒ **NO** ☐

Provide an evaluative summary from your documentary analysis and evidence AND discussion at the approval visit to demonstrate if assurance is provided that the QA approval criteria below is met or not met.

- There is evidence to show how the design and delivery of the programme will support students in both theory and practice to experience a non-field

specific nursing associate programme, across the lifespan and in a variety of settings. (R2.4)

MET ☒ **NOT MET** ☐

R2.4 is met. The programme structure supports experience of care across the lifespan and in a variety of settings and provides an appropriate breadth of experience. The OAR shows how this is monitored for each student's journey. The programme team told us how this is achieved with a practice day in an external setting each week. The PLPs assured us of the value of this practice experience model. A current student under the HEE curriculum told us that their practice learning area predominantly involves the older adult. However, there is intent from the programme team, evidenced in the programme documentation, to provide experience across the lifespan. The course and unit information forms list a range of placements across mental health, learning disabilities, acute surgery and medicine in both hospital and community settings.

Evidence provides assurance that the following QA approval criteria are met:

- There is evidence that mapping has been undertaken to show how the programme outcomes, module outcomes and content meets the *Standards of proficiency for nursing associates* and programme outcomes. (R2.5)

YES ☒ **NO** ☐

Provide an evaluative summary from your documentary analysis and evidence AND discussion at the approval visit to demonstrate if assurance is provided that the QA approval criteria below is met or not met.

- There is evidence that:
  - the programme meets NMC requirements on programme hours and programme length;
  - programmed learning is sufficient to allow the students to be able to meet the *Standards of proficiency for nursing associates.* (R2.6)

MET ☐ **NOT MET** ☒

R2.6 is not met. Documentary analysis of the direct entry route confirms that the programme hours are sufficient to meet the Standards of proficiency for nursing associates as stated in the course plan. However, there is an inaccuracy in the nursing associate handbook which states that the programme requires 675 hours of practice. This requires correction.

Documentary analysis reveals inconsistencies in the calculation of theory and practice hours for apprenticeship students. The nursing associate apprenticeship course plan document provided in response to the initial draft programme approval report illustrates a short fall of theory hours (1,141.5 hours are identified as theory learning). Other programme documentation shows an excess of theory hours. The course information form for the apprenticeship route shows 2,292 hours of protected learning time whereas the course plan shows 1,150 hours of protected

learning time. The identified programme hours are inconsistent within the programme documentation. (Condition one) (Joint AEI and NMC condition)

- The programme structure demonstrates an equal balance of theory and practice learning. This is detailed in the designated hours in the module descriptors and practice learning allocations. A range of learning and teaching strategies are detailed in the programme specification, programme handbook and module descriptors with theory / practice balance detailed at each part of the programme and at the end point. There are appropriate module aims, descriptors and outcomes specified. There is a practice allocation model for the delivery of the programme that clearly demonstrates the achievement of designated hours for the programme detailed. (R2.7)

MET ☐ **NOT MET** ☒

R2.7 is not met. There are inconsistencies in the documentation of theory and practice learning hours for direct entry students and apprentices, we cannot be assured of an equal balance due to the inconsistency in documentation. (Condition one) (SPNAP R2.6, R2.7)

There is limited narrative in relation to the range of teaching and learning strategies proposed in the new programme. Documentary analysis reveals teaching and learning strategies based on four principles. The strategy seeks to ensure 'immediate professional relevance' and includes the use of case studies and exemplars, where students draw on their own experiences as a learner centred approach. The programme team aim to foster active learning and develop professional knowledge through interactive teaching and learning strategies. Drawing on expertise-by-experience is a key approach. The approach centres on reflection on practice.

Evidence provides assurance that the following QA approval criteria are met:

- There is evidence that programmes leading to nursing associate registration and registration in another profession, will be of suitable length and nursing associate proficiencies and outcomes will be achieved in a nursing associate context. (R2.8)

YES ☐ **NO** ☒

Registration is sought solely with the NMC.

Assurance is provided that Gateway 1: *Standards framework for nursing and midwifery education* relevant to curricula and assessment are met

YES ☐ **NO** ☒

PLPs, employers, students and SUC told us they had not contributed to the proposed programme. Curricula must be co-produced with stakeholders who have experience relevant to the programme. (Condition seven) (SFNME R1.2, R5.5)

Assurance is provided that Gateway 2: *Standards for student supervision and assessment* relevant to curricula are met **YES** ☒ **NO** ☐

Outcome

Is the standard met? **MET** ☐ **NOT MET** ☒

There are inconsistencies in the documentation of theory and practice learning hours for apprentices, we cannot be assured of an equal balance due to the inconsistency in documentation. It is not clear how the programme plan provided for apprenticeship students on the proposed programme meets the required hours of the SPNAP. The programme hours outlined in the course and unit information forms for the apprenticeship programme do not correlate with the programme planner. The programme hours are not consistently in line with the NMC standard.

Condition one: Provide clarity and consistency of the theory and practice programme hours for the nursing associate (apprenticeship route) across the programme documentation. (SPNAP R2.6, R2.7) (Joint AEI and NMC condition)

PLPs, employers, students and SUC told us they had not contributed to the proposed programme. Curricula must be co-produced with stakeholders who have experience relevant to the programme. (Condition seven) (SFNME R1.2, R5.5)

Date: 2 July 2019

Standard 3: Practice learning

Approved education institutions, together with practice learning partners, must:

R3.1 provide practice learning opportunities that allow students to develop and meet the *Standards of proficiency for nursing associates* to deliver safe and effective care, to a diverse range of people, across the lifespan and in a variety of settings

R3.2 ensure that students experience the variety of practice expected of nursing associates to meet the holistic needs of people of all ages

R3.3 ensure technology enhanced and simulation-based learning opportunities are used effectively and proportionately to support learning and assessment

R3.4 take account of students' individual needs and personal circumstances when allocating their practice learning including making reasonable adjustments for students with disabilities, and

R3.5 3.5 ensure that nursing associate students have protected learning time in line with one of these two options:

R3.5.1 Option A: nursing associate students are supernumerary when they are learning in practice

R3.5.2 Option B: nursing associate students who are on work-placed learning routes:

R3.5.2.1 are released for at least 20 percent of the programme for academic study

R3.5.2.2 are released for at least 20 percent of the programme time, which is assured protected learning time in external practice placements, enabling them to develop the breadth of experience required for a generic role, and

R3.5.2.3 protected learning time must be assured for the remainder of the required programme hours.

Standards framework for nursing and midwifery education specifically:

R1.1, R1.3, R1.5; R2.9, R2.11; R3.3, R3.5, R 3.7, R3.16; R5.1, R5.7, R5.10, R5.12

Standards for student supervision and assessment, specifically:

R1.1 – R1.11

Findings against the standard and requirements

Provide an evaluative summary from your documentary analysis and evidence AND discussion at the approval visit to demonstrate if assurance is provided that the QA approval criteria below is met or not met.

Evidence that the practice learning opportunities allow students to develop and meet the *Standards of proficiency for nursing associates* to deliver safe and effective care, to a diverse range of people, across the lifespan and in a variety of settings. (R3.1)

MET ☒ **NOT MET** ☐

R3.1 is met. The pan-England nursing associate practice assessment documents and OAR provide evidence that the practice learning opportunities allow students to develop and meet the Standards of proficiency for nursing associates. This includes the requirement to deliver safe and effective care, to a diverse range of people, across the lifespan and in a variety of settings.

Students told us that practice learning allocations currently focus on elderly adult care. However, the programme team told us that in the proposed programme allocation to practice learning areas are arranged in three categories: acute hospital; community and home; and mental health. Students will experience one of these per semester across each year. Documentary analysis confirms this approach in the proposed programme.

- There is evidence of how the programme will ensure students experience the variety of practice learning experiences to meet the holistic needs of people in all ages. There are appropriate processes for assessing, monitoring and evaluating these practice experiences. (R3.2)

MET ☒ **NOT MET** ☐

R3.2 is met. The hub and spoke placement allocation model is designed to ensure students are allocated to a variety of practice learning experiences to meet the holistic needs of people of all ages. Special practice learning visits are planned within placements in year one of the programme to ensure that students have experience in all fields of practice. For example, the community and home

category of placements, includes special visits to school nurses and the crisis team. Within year two, there are additional special visits added, such as critical care/emergency department, paediatric community outreach and head injury care facilities.

Achievement of the proficiencies is monitored through the NA PAD. These processes are confirmed by the programme team, student representatives and the PLPs.

Documentary analysis show partnership agreement templates are used to provide strategic oversight of practice learning and supports information sharing and commitment to quality monitoring. There is documentary evidence that annual educational audits are undertaken in partnership with PLPs, to assess, monitor and evaluate placement practice learning experiences. Any proposed service reconfigurations are assessed in relation to risks to student learning experience or patient safety. PLPs told us they are involved in educational audit. Students told us they receive placement profiles, but they can be out of date. Students confirmed that they complete evaluations of their practice learning experience.

- There is evidence of plans for effective and proportionate use of technology enhanced and simulation-based learning opportunities and to support learning and assessment in the curriculum (R3.3)

MET ☒ **NOT MET** ☐

R3.3 is met. Documentary and verbal evidence at the approval visit confirm that technology enhanced, and simulation-based learning opportunities are used effectively and proportionately to support learning and assessment. Students are required to use digital and technological skills when creating a poster for assessment in the ‘consolidating nursing associate practice’ unit within year two of the programme. Simulation is used to teach skills to enable students to link to theory and practice within units. Students engage with the UoB virtual learning environment throughout their programme including the use of Elsevier for skills development. When students use Elsevier, they complete online activities relating to skills development, followed by practice of those skills in the skills or simulation centres. All students have access to ‘study hub online’ to enhance existing technology skills.

- There are processes in place to take account of students' individual needs and personal circumstances when allocating their practice learning including making reasonable adjustments for disabilities. (R3.4)

MET ☒ **NOT MET** ☐

R3.4 is met. Documentary evidence confirms that students requiring reasonable adjustments are reviewed by occupational health and recommendations are sent to the portfolio lead and head of school for review. Each case is reviewed, and an action plan developed to support the student’s needs. An equality impact statement is included in all unit information forms which asks if there are any aspects of the programme that may present difficulties, anticipatory adjustments

and actions are listed. PLPs confirm their ability to support students requiring reasonable adjustments in practice. Students are aware that they are not obliged to inform PLPs of any disability and are aware that reasonable adjustments cannot be made if they have not been informed. Student facing documentation details the requirement for student consent.

- Evidence that nursing associate students have protected learning time through one of the two options (A or B). There must be clarity of evidence to support the single option selected.

  Processes are in place to ensure that protected learning time will be monitored in accordance with the selected option.

  Evidence that students will be released for a minimum of 20 percent of the programme for academic study.

  Evidence that students will be released for a minimum of 20 percent of the programme time, which is assured protected learning time in external practice placements, enabling them to develop the breadth of experience required for a generic role.

  Evidence that information is provided to students and practice learning partners on protected learning time/supernumerary status and the selected single option. (R3.5)

MET ☐ **NOT MET** ☒

R3.5 is not met. Documentary evidence states that direct entry students will adhere to option A, with students' supernumerary throughout their placements. However, some documentation is contradictory and refers to 'home base protected learning time', rather than supernumerary status during practice learning hours. PLPs are unable to confirm arrangements for direct entry students as they are either unaware of the route or have not agreed to support direct entry students.

HEE students told us they receive limited protected learning time and have irregular contact with their mentor. They say the TNA role is poorly understood in practice and they often work as a health care assistant. Students told us they have arrived at practice placements and were told to go home. Students state they had their placement hours signed off despite attending for only a brief period of time, Students confirm they are released for a minimum of 20 percent of the programme for academic study.

There is documentary evidence in the proposed programme that apprentice students will be released for a minimum of 20 percent of the programme for academic study, this was confirmed by employers. There is documentary evidence that apprentice students will be released for a minimum of 20 percent of the programme time, which is assured protected learning time (supernumerary) in external practice placements, enabling them to develop the breadth of experience required for a generic role. This is confirmed by employers and PLPs.

However, information provided for students and PLPs on protected learning time and supernumerary status is inconsistent and has the potential to cause confusion for students in practice and PLPs involved in practice supervision. The practice

learning handbook does not provide any information in relation to nursing associates on either route. There also no reference to protected learning time in the practice learning handbook. The monitoring of supernumerary status for direct entry students and protected learning time for apprentices also requires clarity. (Condition two) (SPNAP R3.5)

***Note**: If issues of concern have been identified by system regulators regarding practice learning environments which are to be used for this programme include an overview of the partnership approach between the AEI/education institution and their practice learning partners to manage and mitigate any risks to student learning.*

Assurance is provided that Gateway 1: *Standards framework for nursing and midwifery education* relevant to practice learning are met

YES ☒ **NO** ☐

Assurance is provided that Gateway 2: *Standards for student supervision and assessment* relevant to practice learning are met **YES** ☒ **NO** ☐

Outcome

Is the standard met? **MET** ☐ **NOT MET** ☒

The documentation does not provide assurance that nursing associate students or apprentices will have protected learning time. Documentation is inconsistent and may be confusing for students and PLPs. It is not clear how the UoB or the PLPs will work together to monitor protected learning time.

Assurance must be provided that nursing associate students' learning time is protected. There is no evidence that the AEI and PLPs have worked together to agree a strategy for providing and assuring protected learning time. Practice assessors and practice supervisors will need clear guidance and ongoing information regarding option A and option B for the two groups of students (direct-entry and apprenticeship). The practice learning handbook for the forthcoming academic year contains no information with regard to nursing associates, other than stating the "other programme standards e.g. midwifery and nursing associate will follow".

Condition two: Provide assurance and confirmation that nursing associate direct entry students will be supernumerary for a minimum of 1,150 hours in line with option A. (SPNAP R3.5)

Provide assurance and confirmation that nursing associate apprentices will have protected learning time of a minimum of 1,150 hours in line with option B. (SPNAP R3.5)

Date: 2 July 2019

Standard 4: Supervision and assessment

Approved education institutions, together with practice learning partners, must:

R4.1 ensure that support, supervision, learning and assessment provided complies with the NMC *Standards framework for nursing and midwifery education*

R4.2 ensure that support, supervision, learning and assessment provided complies with the NMC *Standards for student supervision and assessment*

R4.3 ensure they inform the NMC of the name of the registered nurse or registered nursing associate responsible for directing the education programme

R4.4 provide students with feedback throughout the programme to support their development

R4.5 ensure throughout the programme that students meet the *Standards of proficiency for nursing associates*

R4.6 ensure that all programmes include a health numeracy assessment related to nursing associate proficiencies and calculation of medicines which must be passed with a score of 100 percent

R4.7 assess students to confirm proficiency in preparation for professional practice as a nursing associate

R4.8 ensure that there is equal weighting in the assessment of theory and practice, and

R4.9 ensure that all proficiencies are recorded in an ongoing record of achievement which must demonstrate the achievement of proficiencies and skills as set out in *Standards of proficiency for nursing associates.*

Standards framework for nursing and midwifery education specifically*:*

R2.11; R3.5, R3.6, R 3.8, R3.11, R3.13, R3.14, R3.17;

R4.1, R4.2, R4.3, R4.4, R4.5, R4.6, R4.8, R4.11; R5.9

Standards for student supervision and assessment

R4.1 – R4.11

Findings against the standards and requirements

Provide an evaluative summary from your documentary analysis and evidence AND discussion at the approval visit to demonstrate if assurance is provided that the QA approval criteria below is met or not met

- There is evidence of how the programme will ensure how support, supervision, learning and assessment provided complies with the NMC *Standards framework for nursing and midwifery education*. (R4.1)

MET ☒ **NOT MET** ☐

R4.1 is met. The documentary analysis and discussion at the approval visit provides assurance that the programme team, in collaboration with PLPs, will ensure that student support, supervision, learning and assessment complies with the SFNME. We have seen and heard evidence of how individuals are being prepared for their new roles to comply with the SSSA. This includes academic staff in the university and prospective assessors and supervisors in the PLP organisations.

There's a strategy for completing educational audits of practice learning environments in partnership with PLPs. Educational audit documentation uses objective criteria for the approval of practice learning environments. There is a process for practice placement evaluation and a process to audit new practice placement areas.

The practice learning handbook outlines the roles of practice supervisor, practice assessor and academic assessor. Documentary evidence states a three-day preparation workshop for practice assessors and a one-day workshop for practice supervisors is in place.

The AEI works in partnership with PLPs to provide annual updates for mentors, practice supervisors and practice assessors, which are also available online. These are reviewed in partnership with PLPs on an annual basis through the practice experience group.

There is limited evidence that the AEI has scoped the numbers of academic assessors to meet SSSA requirements to support the SPNAP. (Recommendation two)

Recommendation two: consider scoping the numbers of academic assessors required to support nursing associate over a two-year period and in relation to other NMC programmes requiring academic assessors. (SFNME R2.14)

- There is evidence of how the *Standards for student supervision and assessment* are applied to the programme. There are processes in place to identify the supervisors and assessor along with how they will be prepared for their roles. (R4.2)

MET ☒ **NOT MET** ☐

R4.2 is met. The documentary analysis and discussion at the approval visit provides assurance that there are processes in place to identify practice assessors and practice supervisors and prepare them for their role in relation to the SSSA.

PLPs are proactive in the implementation of the SSSA. The PLPs we met have been working collaboratively to ensure a consistent approach to the training and preparation of their existing mentor workforce. They told us that the majority of supervisors will initially be NMC registrants however they will work towards expanding the number of supervisors who are registrants from other disciplines. PLPs told us that they intend to keep a practice assessor and supervisor data base.

The all England NA PAD is a comprehensive document which allows a record of student learning, assessment and progress throughout the programme. The PAD

provides practice learning guidance and assessment requirements which maps to the Standards of proficiency for nursing associates. Introductory guidance details the responsibilities of the practice supervisor and practice assessor, and practice assessors record their decisions on the assessment of student progress and proficiency.

The AEI has staff development in place for the academic assessor role however the process of communication between practice assessors and academic assessors could be made explicit. (Recommendation four)

Recommendation four: consider detailing the process of communication between practice assessors and academic assessors. (SPNAP R4.2)

Evidence provides assurance that the following QA approval criteria are met:

- There are processes in place to ensure the NMC is informed of the name of the registered nurse or registered nursing associate responsible for directing the education programme. (R4.3)

YES ☒ **NO** ☐

Provide an evaluative summary from your documentary analysis and evidence AND discussion at the approval visit to demonstrate if assurance is provided that the QA approval criteria below is met or not met

- There are processes in place to provide students with feedback throughout the programme to support their development. Formative and summative assessment strategy is detailed (R4.4)

MET ☐ **NOT MET** ☒

R4.4 is not met. Documentary evidence confirms that formative assessment is integral to the proposed programme in both theory and practice elements.

Theory units are clear in their assessment and feedback plans. In terms of practice learning, the PAD specifies the requirement for mid-point written and verbal feedback from the practice assessor, alongside ongoing verbal and written feedback from practice supervisor(s). However, guidance relating to resit opportunities could be clearer, there is a risk that a resit opportunity may be offered outside of academic process. (Recommendation one)

Recommendation one: consider revising the AEI supplementary text in relation to resit opportunity within the PAD. (SPNAP R4.7)

The students we met at the approval visit state that generally feedback on their academic work is clear and helps to support their development. However, in the proposed programme there is a lack of clarity with respect to the assessment strategy for the five units titled ‘theory for practice’. It is not clear which elements are formative and which are summative. As a result, it is not clear how much practice learning is required to undertake a summative assessment. At the

approval visit the senior team acknowledged the issue raised. (Condition four) (SPNAP R4.4, SFNME R5.8)

- There is appropriate mapping of the curriculum and practice learning placements to ensure throughout the programme that students meet the *Standards of proficiency for nursing associates.* (R4.5)

MET ☒ **NOT MET** ☐

R4.5 is met. There is programme mapping within the documentation submitted for approval. This includes mapping of the theory and practice modules to demonstrate that students have the opportunity to meet the Standards of proficiency for nursing associates and programme outcomes. The NA PAD has been mapped to the Standards of proficiency for nursing associates. The programme team provided assurance through discussion at the approval visit that the practice learning experiences students will have, will provide them with appropriate opportunities to meet the SPNAP.

Evidence provides assurance that the following QA approval criteria are met:

- There is evidence that all programmes include a health numeracy assessment related to nursing associate proficiencies and calculation of medicines which must be passed with a score of 100 percent (R4.6)

YES ☒ **NO** ☐

- There is an appropriate assessment strategy and process detailed. (R4.7)

YES ☒ **NO** ☐

There is an assessment strategy with details of the weighting for all credit bearing assessments. Theory and practice weighting is calculated and detailed in award criteria and programme handbooks. (R4.8)

YES ☒ **NO** ☐

- There is evidence that all proficiencies are recorded in an ongoing record of achievement which must demonstrate the achievement of proficiencies and skills as set out in the *Standards of proficiency for nursing associates*. (R4.9)

YES ☒ **NO** ☐

Assurance is provided that Gateway 1: *Standards framework for nursing and midwifery education* relevant to supervision and assessment are met

YES ☒ **NO** ☐

Assurance is provided that Gateway 2: *Standards for student supervision and assessment* are met

YES ☒ **NO** ☐

Outcome

Is the standard met? **MET** ☐ **NOT MET** ☒

In the proposed programme there is a lack of clarity with respect to the assessment strategy for the five units titled 'theory for practice'. It is not clear what elements are formative and which are summative. As a result, it is not clear how much practice learning is required to undertake a summative assessment. At the approval visit the senior team acknowledged the issue raised. (Condition four)

Condition four: Practice assessment must have clear formative and summative points mapped to module learning outcomes. (SFNME R5.8, SPNAP R4.4)

Date: 2 July 2019

Standard 5: Qualification to be awarded

Approved education institutions, together with practice learning partners, must:

R5.1 ensure that the minimum award for a nursing associate programme is a Foundation Degree of the Regulated Qualifications Framework (England), which is typically two years in length, and

R5.2 notify students during the programme that they have five years in which to register their award with the NMC. In the event of a student failing to register their qualification within five years they will have to undertake additional education and training or gain such experience as is specified in our standards in order to register their award.

Findings against the standards and requirements

Evidence provides assurance that the following QA approval criteria are met:

- The minimum award for a nursing associate programme is a Foundation Degree of the Regulated Qualifications Framework (England) (R5.1)

YES ☒ **NO** ☐

- Evidence that students are notified during the programme that they have five years in which to register their award with the NMC. In the event of a

student failing to register their qualification within five years they will have to undertake additional education and training or gain such experience as is specified in our standards in order to register their award. (R5.2)

YES ☒ **NO** ☐

Fall Back Award

If there is a fall back exit award with registration as a nursing associate all NMC standards and proficiencies are met within the award

Standards framework for nursing and midwifery education specifically R2.11, R2.20

YES ☐ **NO** ☐ **N/A** ☒

Fall back award does not include NMC registration.

Assurance is provided that the *Standards framework for nursing and midwifery education* relevant to the qualification to be awarded are met

YES ☒ **NO** ☐

Outcome

Is the standard met? **MET** ☒ **NOT MET** ☐

Date: 2 July 2019

Section four

Sources of evidence

The following documentation provided by the AEI/education institution was reviewed by the visitor(s):

Key documentation	YES	NO
Programme document, including proposal, rationale and consultation	☒	☐
Programme documentation includes collaboration and communication arrangements with HE/FE partner if relevant	☐	☒
Programme specification	☒	☐
Module descriptors	☒	☐
Student facing documentation including: programme handbook	☒	☐
Student university handbook	☐	☒
Student facing documentation includes HE/FE college information for students, if relevant	☐	☒
Practice assessment documentation	☒	☐
Ongoing record of achievement (ORA)	☒	☐
Practice learning environment handbook	☒	☐
Practice learning handbook for practice supervisors and assessors specific to the programme	☐	☒
Academic assessor focused information specific to the programme	☐	☒
Placement allocation / structure of programme	☒	☐
PAD linked to competence outcomes, and mapped against standards of proficiency	☒	☐
Mapping document providing evidence of how the education institution has met the *Standards framework for nursing and midwifery education* (NMC, 2018)	☐	☒

Mapping document providing evidence of how the education institution has met the *Standards for pre-registration nursing associate programmes* (NMC, 2018)	☒	☐
Mapping document providing evidence of how the *Standards for student supervision and assessment* (NMC, 2018) apply to the programme.	☐	☒
Curricula vitae for relevant staff	☒	☐
CV of the registered nurse or nursing associate responsible for directing the education programme	☒	☐
Registrant academic staff details checked on NMC website	☒	☐
External examiner appointments and arrangements	☐	☒
Written confirmation by education institution and associated practice learning partners to support the programme intentions, including a signed agreement for protected learning.	☐	☒
List additional documentation:		

If you stated no above, please provide the reason and mitigation

Programme document available, including proposal, rationale and consultation.

Student university handbook - content is integrated into the programme handbook

Student facing documentation including HE/FE college information for students - not applicable.

Practice learning handbook for practice supervisors and assessors specific to the programme - not available.

Academic assessor focused information specific to the programme - not provided to the visitors.

Mapping document providing evidence of how the education institution has met the SFNME (NMC, 2018) - not provided.

Mapping document providing evidence of how the SSSA (NMC, 2018) apply to the programme - not provided.

External examiner appointments and arrangements - not in place. This is an AEI condition.

Written confirmation by education institution and associated practice learning partners to support the programme intentions, including a signed agreement for protected learning - this is not in place.
Additional comments:

During the event the visitor(s) met the following groups:

	YES	NO
Senior managers of the AEI/education institution with responsibility for resources for the programme	☒	☐
HE/FE college senior managers, if relevant	☐	☒
Senior managers from associated practice learning partners with responsibility for resources for the programme	☒	☐
Programme team/academic assessors	☒	☐
Practice leads/practice supervisors/practice assessors	☒	☐
Students	☒	☐
If yes, please identify cohort year/programme of study: Four students on the HEE curriculum via an apprenticeship route.		
Service users and carers	☒	☐
If you stated no to any of the above, please provide the reason and mitigation HE/FE college senior managers - not relevant.		
Additional comments: We met with two service users during the visit. One has met the programme team and has made comments regarding students' union information to be included within the programme handbook. The other service user was new to the role and was unsure how they could be involved in the programme.		

The visitor(s) viewed the following areas/facilities during the event:

	YES	NO
Specialist teaching accommodation (e.g. clinical skills/simulation suites)	☐	☒
Library facilities	☐	☒
Technology enhanced learning / virtual learning environment	☐	☒
Educational audit tools/documentation	☐	☒
Practice learning environments	☐	☒
If yes, state where visited/findings:		
System regulator reports reviewed for practice learning partners	☒	☐
System regulator reports list: Care Quality Commission report Oxford University NHS Foundation Trust Hospital NHS Trust		
If you stated no to any of the above, please provide the reason and mitigation The UOB already has existing AEI status and offers established nursing programmes within the faculty.		
Additional comments:		

Issue record			
Final Report			
Author:	Peter Griffin	Date:	18 July 2019
Checked by:	Pam Page	Date:	16 September 2019

Approved by:	Leeann Greer	Date:	16 September 2019
Submitted by:	Lucy Percival	Date:	16 September 2019

Evidence Cover Sheet

Appendix nine:
Date(s): October 2019
Appendix title(s): 9.1 Quality Assurance Visitor Training Video Project 9.2 Quality Assurance Visitor Training Video Project - Video Links 9.3 Training programme for Lay QA Visitors 29 October 2019 - Agenda
Context of the evidence: I was asked by a Deputy Director of Reviews at Mott MacDonald to help develop some training resources that would enhance the way service-users and carers are integrated and engaged with, during the NMC validation and approval events. The project specification that I wrote, was reviewed and agreed with members of the Together Group (the University of Lincoln's lived experience group) prior to production of the training videos. The videos are fictional, and purposefully representative of a variety of good practice, challenging circumstances and poor practice. Therefore, it is important to state that these are not representative of the individuals own practises. I presented these videos during a Quality Assurance Visitor training event, and then led a developmental discussion workshop with the following themes: identification of good practice; identification of what went wrong, what could have been prevented and how; and finally, facilitating reflection for the Visitors on their own personal management style and ability to respond to challenging situations.
Purpose of the evidence: Planning and delivering this training to other Lay Visitors demonstrates I have become recognised as an 'expert' amongst my peer group of experts by experience (EbE).
Signposting to key points of reference: Video 2 - the University has not prepared the room in an accessible and inclusive manner, making it difficult for service users and carers to access and feel a part of the meeting Video 2 - the University wishes to 'oversee' or control the contribution of the EbEs. Video 3 - the panel are dismissive of what the service users choose to share about themselves during the introduction Video 4 - questions to the service users and carers are unclear and therefore the answers lack specificity Video 4 - service users choose to challenge the NMC visitors on their use of language "service users", preferring the terms "Together Group members" or "experts by experience Video 4 - the service user panel member decides to speak on behalf of the others.

Quality Assurance Visitor Training Video Project

Project Reference: SH20191004

Project Owner: Sophia Hunt

Background

The aim of the project is to create a series of four short videos that can be used by Mott MacDonald to support the training of new and existing education quality assurance visitors. Mott MacDonald are the named education quality assurance partner for the Nursing and Midwifery Council (NMC).

The project is being undertaken by the project lead, as part of their PhD (practice) programme. The focus of the PhD is exploring the ways in which lay people can strategically influence the education and training of future healthcare professionals.

The videos are designed to stimulate discussion between the quality assurance visitors; therefore, we will be demonstrating aspects of good practice as well as common mistakes that may be made.

The videos will be presented to Mott MacDonald with a disclaimer that they are fictional, role-played scenarios. They do not represent the views, behaviours or practices of the individuals who are taking part or the University of Lincoln.

During the filming we will refer only to 'the university', not the University of Lincoln.

If you would like to introduce yourself during the video using a different name, then you are free to do so.

Roles within the video and involvement in the scenarios

	Video 1	Video 2	Video 3	Video 4
Chair	✓	✓	✓	✓
NMC registrant visitor	✓	✓	✓	✓
NMC lay visitor	✓	✓	✓	✓
External panel member	✓	✓	✓	✓
Service user panel member	✓	✓	✓	✓
Service user and carer coordinator		✓		
Experts by experience		✓	✓	✓

Focus of the videos (for filming and sound purposes)

Scenario 1: Focus on the behaviours and body language of the panel members

Scenario 2: Focus on the door to show the together group members being welcomed into the room, and the behaviours of the Chair

Scenario 3: Focus on the together group members

Scenario 4: Focus on the panel

Scenario 1: Beginning of the day

Key issues: Lack of prior preparation by the visitors and university

- Good morning and introductions
- Everyone welcomed by the Chair
- Student panel member hasn't turned up, and Chair makes flippant comment about this
- NMC registrant visitor gives professional background details
- NMC lay visitor can't find own notes
- Service user panel member has not been briefed by the University; they have arrived and are completely unsure what to do – Chair isn't sure either
- NMC visitors need to succinctly explain the process
- External panel member is an experienced NMC visitor too, so very keen to show that they are more experienced and attempt to undermine the visitors – reminding them to read the statement from the QA Handbook; telling the Chair that there is a maximum number of conditions for the event in total
- Chair is clearly frustrated that they're falling behind time already and this looks very disorganised

Scenario 2: Start of the service user and carer meeting

Key issues: University staff want to monitor what is said by the Experts by Experience

Chair doesn't want to be involved, asks if some panel members can leave

- Chair welcomes the experts by experience in to the room, showing good practice such as opening the door and shaking hands etc
- The group coordinator comes in with the group and gets sat down, offers water etc
- Coordinator announces that they're "here to keep an eye on the group, and ensure that they answer the questions correctly… We don't want any trouble stirrers".
- This visibly makes people feel uncomfortable
- Lay visitor asks the group if they feel the support/facilitation is needed, and they do not
- Chair actually wants to leave, doesn't feel that this bit is the university's business and they've scheduled to meet someone
- Chair makes a phone call to discuss why they can't attend their other meeting

Scenario 3: Starting the experts by experience meeting

Key issues: One of the experts by experience is oversharing their personal history

Service user panel member is asking irrelevant questions

- Panel briefly introduce themselves, service user panel member knows the group
- Chair invites the NMC lay visitor to start the questions
- Lay visitor is not properly prepared
- Lay visitor asks the 'service users' to say how they got involved. One of the experts by experience group challenge this language
- The experts by experience group introduce themselves and say how they got involved, one group member starts to share too much about their personal history
- The lay visitor needs to respectfully manage this

Scenario 4: Main body of the meeting

Key issues: Lay visitor asks very complicated and layered questions

Service user panel member keeps adding to/correcting the answers offered Chair tries to keep the meeting to time, by cutting short questioning

- Lay visitor asks a very complicated question
- Registrant visitor needs to clarify the questions
    - Have you been involved in interviews? Yes
    - Have you ever had any training or preparation to do this? No
    - Have you had equality and diversity training? No, they asked us to, but they wouldn't pay us to do it, so we said no.
- Lay visitor continues with questions – below are some examples - please expand on these basic answers and give any examples that you wish to:
    - Have you been consulted over the programme proposal? Yes, invited to the event, but we didn't get to see the documentation
- The service user panel member interjects regularly and answers the questions 'correctly'
- Chair keeps checking their watch, tapping pen, sighing
- Chair abruptly closes the meeting, without asking NMC visitors if they have finished their questions

Statement of Use

- The video scenarios are intended for inclusion within a PhD project, by the project leader, Sophia Hunt.
- The video scenarios are intended for use by Mott MacDonald as part of a training exercise for NMC quality assurance visitors. Additional permission should be sought from the project lead, Sophia Hunt, prior to their use for any other purpose.
- The project lead will make reasonable attempts to gain further permission from the participants for the use of the videos; such as last known email or telephone contact. However, if reasonable attempts are not successful in making contact then the videos will only be used in accordance with the original ethos and purpose (education and training).
- The videos cannot be used for marketing purposes.
- The videos cannot be sold or used for commercial gain.
- The information contained in the video scenarios does not represent the views of the individual, or the host organisation where the filming took place (namely, the University of Lincoln).
- The video scenarios created are entirely fictitious and not based upon experiences during any single quality assurance visit.
- The video scenarios have been made available for informational and educational purposes only. They are designed to provoke thought and stimulate discussion regarding aspects of good practice and professional challenge.
- The responsibility for clarification, accuracy, applicability and drawing out key learning points sits with Mott MacDonald.
- The project lead, Sophia Hunt, and the host organisation, the University of Lincoln, hereby disclaims any and all liability to any party for any consequential damages arising directly, or indirectly, as a result of use of the video scenarios.
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Agreement and consent for terms of use

Name of participant:			
Project reference number:	SH20191004		
		Yes	No
I confirm that I have read the information provided about the project.			
I have had the opportunity to ask questions about the project, and have had these answered satisfactorily.			
I give permission and consent for the videos to be used in accordance with the stated terms of use.			
I understand that I can remain anonymous through the video scenarios.			
I agree to take part in the video project.			
I agree to the project lead writing about, and critiquing the effectiveness of, the video scenarios as part of the PhD (practice) project described.			

Name of Participant Date Signature

Name of Project Lead Date Signature

Quality Assurance Visitor Training Video Project

Project Reference: SH20191004

Project Owner: Sophia Hunt

This link is provided, to enable access to the video resources created as part of the project:

https://drive.google.com/open?id=1HdiD4_y_nbf_dVvTh0YtlFkvXOagLbay

Nursing & Midwifery Council

Better, safer care through quality assurance of nursing, midwifery and nursing associate education.

MOTT MACDONALD

Training programme for lay QA visitors
29 October 2019

Venue: Mott MacDonald office Manchester

The aims of the day are to:

- Discuss challenges and lessons learnt from approval QA activity 2018-19
- Apply the lessons learnt to further develop the role of visitors and enhance the approval process in particular;
    - Recognise the key features of working effectively with the registrant visitor
    - Explore the lay visitor role during the approval process and visit
    - Identify key features of the programme approval report to be completed by the lay visitor
- Provide the opportunity for QA visitors to raise and discuss key issues pertinent to their role

Agenda

Date	Content
10.00	Registration and coffee
10.15	Welcome, aims and outline of the day
10.20	Achievements, challenges and lessons learnt from approval QA activity 2018-19 Questions and answers
11.15	Applying the lessons learnt (group discussions/scenarios) • Working with the registrant visitor; initial contact, expectations, prior to the visit, post visit • Questions and preparation for the approval visit including • Working with the evidence • Major modifications
12.15	**Lunch**
13.00	Applying the lessons learnt (group discussions/scenarios) • Managing challenging situations during the approval visit

14.30	Tea break
14.45	• Report writing for the lay visitor- IDPAR/PAR Key sections to complete. Timelines for completion, NMC Tone of voice guidelines. Discussion of key points
	• NMC QA Hub Webinar - Completing the initial draft programme approval report (IDPAR) (Registrant & Lay visitors) • NMC QA Hub Webinar- Completing the final programme approval report (FPAR) (Registrant & Lay visitors) • NMC QA Hub Webinar- Updating the final programme approval report with conditions (Registrant visitor) NMC/MM website. Under training resources / QA Hub guidance. Accessed through this training resource link Additional resources
15.30	Question and answer session Evaluation of training
16.00	Close

Evidence Cover Sheet

Appendix ten:
Date(s): 11-13 February 2020
Appendix title(s): 10.1 NMC Quality Assurance Framework Extraordinary Review: Staffordshire University and Shrewsbury and Telford NHS Trust
Context of the evidence: In January 2020, the NMC deemed it necessary to undertake an extraordinary review into the education and training of student nurses and midwives at Staffordshire University (SU), with specific reference to the practice-based learning experiences undertaken at the Shrewsbury and Telford NHS Trust (SaTH). The decision was taken under the provisions of Article 18 of *The Nursing and Midwifery Order 2001* and followed concerns raised by the Care Quality Commission (CQC) (2018 and 2020), and within the context of the ongoing independent review of maternity services, led by Donna Ockenden (Independent Review of Maternity Services at the Shrewsbury and Telford Hospital Trust, 2019).
Purpose of the evidence: This report is significant because of the complexity of the circumstances surrounding the NHS Trust, and the unique reasons that this extraordinary review process was undertaken. Being approached to be the Lay QA Visitor for the midwifery programmes on this review signifies that I am seen as an expert in the quality assurance of midwifery education.
Signposting to key points of reference: Page 14 - Summary of feedback from service users and carers (pre-registration midwifery) Page 29 - "The partnership working between SU and SaTH is effective and consistently ensures that the safety of women and babies and student midwives are at the forefront of all joint actions plans that arise from adverse clinical incidents, governance reports and media coverage of the trust." Page 31 - "Women and partners tell us students have a good relationship with their midwife and are involved in discussions and decision making. One woman, who allowed a SU student midwife to support them to safely deliver their baby, said they felt reassured and had confidence that the student was knowledgeable and skilled" Page 38 and 39 - Outcome Not Met comments Page 44 and 45 - Outcome met comments

Nursing & Midwifery Council

Better, safer care through quality assurance of nursing, midwifery and nursing associate education.

MOTT MACDONALD

NMC Quality Assurance Framework

Extraordinary review

Staffordshire University and Shrewsbury and Telford NHS Trust

11-13 February 2020

Nursing & Midwifery Council

Better, safer care through quality assurance of nursing, midwifery and nursing associate education.

MOTT MACDONALD

Extraordinary review: Staffordshire University and the Shrewsbury and Telford

Programmes monitored	Registered midwife – 36m; pre-registration nursing - adult; pre-registration nursing - child
Date of extraordinary review event	11-13 February 2020
Lead Visitor	Jan Bowyer
Lay Visitors	Sophia Hunt Mary Rooke
Registrant Visitors	Nicola Clark Catherine McEvilly Maureen Harrison Angela Hudson
Practice learning partner organisation visits undertaken during the review	Shrewsbury and Telford Hospital NHS Trust (SaTH) Pre-registration midwifery: Princess Royal Hospital, Women and Children's Centre, Telford Royal Shrewsbury Hospital, Maternity Services, Shrewsbury Wrekin Midwifery Led Unit (MLU) Ludlow community midwifery team Bridgnorth and Market Drayton community services Oswestry community, antenatal and postnatal clinics Whitchurch community (teleconference) Pre-registration nursing: Princess Royal Hospital, Emergency Department (ED), Telford Royal Shrewsbury Hospital, ED, Shrewsbury
Date of Report	25 February 2020

Introduction to NMC QA framework

The Nursing and Midwifery Council

The NMC exists to protect the public. They do this by ensuring that only those who meet their standards are allowed to practise as a nurse, midwife or nursing associate in the UK. Their role is to ensure that pre-registration education programmes provide students with the opportunity to meet the standards needed to join the NMC register. They also ensure that programmes for nurses and midwives already registered with the NMC meet standards associated with particular roles and functions.

The NMC take action if concerns are raised about whether a nurse, midwife or nursing associate is fit to practise.

Quality assurance (QA) and how standards are met

Quality assurance (QA) is the process to make sure that the education programmes for nurses, midwives and nursing associates meet the standards needed to prepare them to join the NMC register.

The NMC QA framework published in August 2018 puts better, safer, effective care at the heart of what they do. The QA framework clearly states the responsibilities and accountabilities for the NMC, approved education institutions (AEIs) and practice learning partner (PLP) organisations in accordance with the statutory legislation articulated in the Nursing and Midwifery Order (2001).

QA of education gives the NMC the confidence that education institutions are meeting their standards for education and training. This helps the NMC to know that students who have successfully completed an approved programme are meeting the standards of proficiency that are required to join their register. It's one of the ways the NMC fulfils their duty to protect the public.

If QA identifies that an education institution and PLPs aren't meeting NMC standards they must take action to ensure return to compliance. This will ensure that there is public confidence in the NMC's role in nursing, midwifery and nursing associate education and encourages the education institution to remain responsible for meeting NMC standards.

Extraordinary reviews

If someone raises concerns, a serious incident takes place, or our intelligence suggests that an AEI or a programme is no longer meeting NMC standards and requirements, an extraordinary review may be carried out. Undertaking an extraordinary review visit enables the NMC to demonstrate responsiveness to concerns, situations and events that impact on all aspects of nursing, midwifery and nursing associate programme delivery. The review will identify if the AEI and its PLPs continue to meet NMC standards.

The published QA methodology requires that QA visitors (who are always independent to the NMC) should make judgements based on evidence provided to them about the quality and effectiveness of the AEI and PLPs in meeting the education standards.

QA visitors will grade the level of risk control on the following basis:

Met: Effective risk controls are in place across the AEI: The AEI and its PLPs have all the necessary controls in place to safely control risks to ensure programme providers and PLPs achieve all NMC stated standards. Appropriate risk control systems are in place without need for specific improvements.

Not met: The AEI does not meet all the necessary controls in place to safely control risks to enable AEIs and PLPs to achieve the standards. Risk control systems and processes are weak; significant and urgent improvements are required in order that public protection can be assured.

It is important to note that the grade awarded for each key risk will be determined by the lowest level of control in any component risk indicator. The grade does not reflect a balance of achievement across a key risk.

If the review finds concerns and standards are not met then the NMC expect the AEI and its PLPs to put an action plan in place to mitigate these concerns. The action plan must be delivered against an agreed timeline.

The NMC have the power to withdraw approval for an AEI or programme if the actions fail to address these concerns.

The extraordinary review Staffordshire University and Shrewsbury and Telford NHS Trust

The NMC took the decision to conduct an unscheduled extraordinary review of Staffordshire University to seek assurance in relation to the delivery of the approved pre-registration midwifery programmes and pre-registration nursing programmes in line with NMC standards for nursing and midwifery education. The focus of the review was Staffordshire University's pre-registration midwifery programme and pre-registration nursing programmes (adult and child) focusing on practice learning and support in practice learning environments for students in the Shrewsbury and Telford Hospital NHS Trust (SaTH).

The NMC actioned this review because of concerns regarding public protection which stems from the reported high vacancy rate within (SaTH) and the potential impact of this on student supervision and learning, in addition to the ongoing concerns which have been reported in relation to patient safety and the culture of caring, which could negatively impact the student learning experience. This is alongside an increase in midwifery students at the university of 50 percent.

The NMC provided the AEI and SaTH with the intended focus of the extraordinary review and a specific review plan was conveyed to the AEI and SaTH.

The extraordinary review plan clearly indicates the areas for review under five key risk themes: effective partnership working: collaboration, culture, communication and resources: selection, admission and progression; practice learning; assessment, fitness for practice and award; and, education governance: management and quality assurance which will be reviewed across academic and practice settings.

The QA review team included a lead QA visitor, lay visitors and registrant visitors with due regard for the programmes under review. The QA review team used the review plan to direct their focus for triangulating the evidence in academic and practice learning settings. They concluded their findings in response to the risks identified, NMC standards and key risk areas.

The extraordinary review's methodology included group presentations, individual interviews and focus groups. The list of representatives that the review team engaged with together with the documentary evidence can be found at the back of this report.

The review team triangulated what they had been told over the three-day period of the extraordinary review (11–13 February 2020) with documentary evidence supplied by the AEI and SaTH. Registrant and lay visitors have written their own reports following this triangulation methodology and this has been collated into a single education extraordinary review report by the lead visitor.

Summary of findings against key risks

Effective partnership working	**1.1 The AEI has inadequate resources to deliver approved programmes to the standards required by the NMC**	1.1.2 Sufficient appropriately qualified academic assessors available to support numbers of students	
	1.2 Inadequate resources available in practice settings to enable students to achieve learning outcomes	1.2.1 Sufficient appropriately qualified mentors/sign-off mentors available to support numbers of students	1.2.2 Sufficient appropriately qualified practice supervisors and practice assessors available to support numbers of students
Admissions & Progression	**2.1 Inadequate safeguards are in place to prevent unsuitable students from entering and progressing to qualification**	2.1.2 AEI's procedures address issues of poor performance in both theory and practice	2.1.4 AEI's procedures are implemented by practice learning providers in addressing issues of poor performance in practice
Practice Learning	**3.1 Inadequate governance of and in practice learning**	3.1.1 Evidence of effective partnerships between the AEI and the practice learning partner at all levels, including partnerships with multiple education institutions who use the same practice placement environments.	
	3.2 Programme providers fail to provide learning opportunities of suitable quality for students	3.2.1 Practitioners and service users and carers are involved in programme design, development, delivery, assessment, evaluation and co-production.	3.2.2 Academic staff support students in practice learning settings
	3.3 Assurance and confirmation of student achievement is unreliable or invalid	3.3.1 Evidence that mentors, sign-off mentors, practice supervisors/assessors are properly prepared for their role in assessing practice	3.3.2 Systems are in place to ensure only appropriate and adequately prepared mentors/sign-off mentors/practice supervisors/assessors are assigned to students.
Assessment, Fitness for Practice and Award	**4.1 Approved programmes fail to address all required learning outcomes that the NMC sets standards for**	4.1.1 Students achieve NMC learning outcomes, competencies and proficiencies at progression points and for entry to the register for all programmes that the NMC sets standards for	
	4.2 Audited practice learning placements fail to address all required learning outcomes in practice that the NMC sets standards for	4.2.1 Students achieve NMC practice learning outcomes, competencies and proficiencies at progression points and for entry to the register for all programmes that the NMC sets standards for	
Education Governance	**5.1 AEI's internal QA systems fail to provide assurance against NMC standards**	5.1.1 Student feedback and evaluation/ programme evaluation and improvement systems address weakness and enhance delivery	5.1.2 Concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners
Standard Met		***Standard Not Met***	

Introduction to Staffordshire University's programmes

Staffordshire University (SU), an AEI, has six academic schools. The school of health and social care (the school) provides pre-registration nursing at three academic campuses: Stoke, Stafford and Shrewsbury. Pre-registration midwifery is delivered at Stafford and Shrewsbury campus.

The Shrewsbury and Telford Hospitals NHS Trust (SaTH) is one of the main PLPs who works in partnership with SU providing practice learning and support for students on NMC approved programmes. The focus of this extraordinary review is pre-registration midwifery and pre-registration nursing (adult and child) with an emphasis on practice learning and support in practice learning environments for students at SaTH (8-18).

SaTH maternity services consist of a main consultant led unit at Princess Royal Hospital (PRH), Telford alongside the Wrekin midwifery led unit (MLU); the Royal Shrewsbury Hospital (RSH) antenatal and community services based in RSH MLU; Ludlow community services; Oswestry community services, including antenatal and postnatal clinics. There are a further two community midwifery bases in Market Drayton and Whitchurch. Accident and emergency services are provided at PRH and the RSH (9).

The pre-registration midwifery programme was approved in 2013 and an extension to the approval period has been granted by the NMC until 31 August 2020. There was a major modification in April 2018 to provide the approved pre-registration midwifery programme at SU's academic campus at Shrewsbury to attract applicants from neighbouring areas with the aim to future proof the midwifery workforce locally. The modification also included a change to the assessment of practice in the programme to ensure that midwifery practice is graded and contributes to the final award.

There are currently 63 students on the three-year BSc (Hons) midwifery practice programme at Shrewsbury campus. In line with midwifery expansion plans supported by Health Education England (HEE), there are currently 37 students in year one, 19 students in year two and seven student midwives in year three (6-7, 20).

The pre-registration nursing programme was approved in 2013 and there have been three major modifications to the approved programme: the introduction of a part-time pathway in adult nursing in 2016; a nursing degree apprenticeship route in 2017; and, the inclusion of a third student group at the main university campus in Stoke in 2018.

On the Shrewsbury campus, there are currently 174 adult nursing students and 33 child nursing students, together with 59 trainee nursing associates. The new pre-registration nursing programme was presented for approval in October 2019 in line with the NMC standards for pre-registration nursing programmes (2018) for a September 2020 start (1-5, 27).

The Standards for student supervision and assessment (SSSA) (NMC, 2018) were approved for implementation in September 2019. The 2018 and 2019 nursing and midwifery cohorts transferred to the SSSA but remain on the Standards for pre-

registration nursing education (NMC, 2010) and the Standards for pre-registration midwifery education (NMC, 2009) respectively. The 2017 nursing and midwifery cohorts remain on the Standards to support learning and assessment in practice (SLAiP) (NMC, 2008) (5-7).

Prior to this extraordinary review, a joint decision was made by SU and SaTH to withdraw students from the emergency departments (ED). An exceptional report was submitted to the NMC on 6 February 2020 (166).

The extraordinary review took place over three days and involved visits to practice learning areas in the SaTH to meet a range of stakeholders. Particular consideration was given to visiting practice learning areas that had adverse reports following Care Quality Commission (CQC) inspections and reviews and concerns related to practice learning environments.

Summary of findings in relation to key risk themes and NMC standards

Our findings conclude that the university has systems and processes in place to monitor and control the following risk themes to meet NMC standards and assure protection of the public:

- Effective partnership working: collaboration, culture, communication and resources
- Selection, admission and progression
- Assessment, fitness for practice and award

We found the following NMC key risks are currently not controlled: practice learning and education governance: management and quality assurance. The university must identify and implement an action plan to address these key risks that are not met to ensure the pre-registration midwifery and pre-registration nursing (adult and child) programmes meet NMC standards to protect the public.

Effective partnership working: collaboration, culture, communication and resources: met

We conclude that the university has sufficient appropriately qualified academic assessors (AAs) to support numbers of students currently studying the pre-registration nursing and pre-registration midwifery programmes.

Our findings confirm that there are sufficient appropriately qualified mentors, sign-off mentors, practice supervisors (PSs) and practice assessors (PAs) available to support numbers of students currently studying the pre-registration nursing and pre-registration midwifery programmes.

Selection, admission and progression: met

We found the university has procedures in place to address issues of poor student performance in both theory and practice, including a robust fitness to practise policy. Procedures to address issues of poor student performance in practice are implemented

by SaTH and we are assured that concerns are dealt with promptly to ensure protection of the public.

Practice Learning: not met

We can't be assured that all key risk indicators in relation to practice learning are successfully managed by the partnership between SU and SaTH, in order to protect the public.

We found evidence of effective partnerships between the SU and SaTH at all levels, including partnerships with other AEIs who use the same practice learning environments. Patient and student safety are at the forefront of joint action plans arising from adverse education, clinical governance and risk issues. There are robust policies and procedures in place for raising and escalating concerns relating to service user care and/or safety (risk indicator 3.1.1).

We found no evidence that service users and carers (SUCs) are involved in the evaluation of the pre-registration midwifery programme or in the overall management of the programme. SUCs are involved in some aspects of programme delivery of the pre-registration nursing programme. However, we found no evidence of SUC involvement in the programme management teams for the pre-registration midwifery programme and the pre-registration nursing programme. The school and programme management teams must develop and implement an action plan to ensure there is appropriate SUC involvement at strategic and operational levels in the pre-registration nursing and pre-registration nursing programmes (risk indicator 3.2.1).

Academic staff support students in practice learning settings in the pre-registration nursing (child) programme and pre-registration midwifery programme. However, the roles and responsibilities of AEI staff supporting students learning in practice settings are not clearly understood by adult nursing students. SU must ensure students understand and student facing documentation details the roles and responsibilities of adult nursing academic staff in practice learning settings (risk indicator 3.2.2).

We found that sign-off mentors, PSs and PAs are well prepared for their role in supporting, supervising and assessing students in practice. Sign-off mentors and PAs are aware of their role and responsibilities to continuously ensure that nursing and midwifery students are fit for practice, in order to protect the public (risk indicator 3.3.1).

We conclude that systems are in place to ensure only appropriate and adequately prepared mentors/sign-off mentors, PSs and PAs are assigned to pre-registration nursing (adult and child) students. However, the key risk is not met for the pre-registration midwifery programme, as we found that the intrapartum practice learning areas at SaTH are insufficient to accommodate and support students' learning and assessment of competence due to the increased number of midwifery students. An urgent action plan must be put in place to ensure intrapartum practice learning areas support the numbers of student midwives to ensure EU birth requirements are met (risk indicator 3.3.2).

Assessment, fitness for practice and award: met

We found that pre-registration nursing and pre-registration midwifery students achieve NMC learning outcomes, competencies and proficiencies in theory and practice at progression points, and for entry to the register. Students successfully completing the pre-registration nursing and pre-registration midwifery programme are considered fit for practice by employers.

Education governance: management and quality assurance: **not met**

We found evaluation systems are in place and use a range of data to enhance programme delivery. However, we aren't assured that all key risk indicators in relation to education governance are met.

There is limited evidence to demonstrate how students are informed of actions taken as a result of student evaluations of their practice learning experiences. SU and SaTH must establish a process for informing students of feedback from practice evaluations and actions taken to enhance the practice learning environment (risk indicator 5.1.1).

We found no evidence that SaTH receive timely evaluations of external examiners' (EEs) engagement and reporting of assessment of practice. SU and SaTH must ensure a process is in place to share EE reports relating to practice engagement and assessment and action and any relevant findings (risk indicator 5.1.1).

However, we found that SU has education governance arrangements in place at a strategic level with SaTH to ensure that shared responsibility is taken for practice-based learning. Concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners (risk indicator 5.1.2).

10 April 2020:

Staffordshire University reviewed the report and confirmed they do not have any observations to make.

Summary of areas for future monitoring

- Student experience and practice evaluations when nursing students return to ED for practice learning.
- The number of students allocated to each AA to ensure the SSSA are met and the AA workload is manageable.
- The number of appropriately qualified and experienced PSs and PAs to accommodate the increased number of students on the midwifery programme accessing practice learning areas at SaTH.
- SUC involvement in programme management.
- Roles and responsibilities of AEI staff supporting students learning in practice learning settings.
- Placement capacity in intrapartum practice learning areas to support the numbers of student midwives.

- Student midwives intrapartum practice experiences to ensure EU birth requirements are met.
- Appropriate use of simulated learning in the pre-registration midwifery programme.
- Actions are taken as a result of student evaluations of their practice learning experiences.
- Feedback from students' evaluations are consistently provided to practice learning areas.
- External examiner engagement in practice and feedback to practice learning providers.

Summary of feedback from groups involved in the review

Academic team

- Pre-registration midwifery programme

The academic staff informed us they are based over two campuses; Shrewsbury and Staffordshire, and they travel between the two campuses to teach on the pre-registration midwifery programme. The academic team tell us there are eight midwifery lecturers in total; 3.8 whole time equivalent (WTE) at Shrewsbury and 3.0 WTE at Staffordshire, which includes the lead midwife for education (LME). In addition, one midwifery lecturer vacancy has been filled and the starting date is expected to be June 2020.

The LME tells us there are 135 midwifery students in total. We are informed that all midwifery lecturers, including the LME, are link lecturers for PLPs. Academic staff tell us they are personal tutors to approximately 16 students and they meet with them individually three times per year.

Academic staff with a teaching qualification who have undertaken additional preparation act as an AA. At the time of the visit this includes four staff members, with two further staff undertaking the postgraduate teaching qualification, expected to complete in March 2021. The academic team inform us they have a close working relationship with PLPs. They also tell us of the effective systems which are in place to support midwifery students in relation to theory and practice learning to ensure the NMC standards and requirements are met.

The midwifery practice learning fellow (MPLF), a new post funded by HEE for 12 months with the remit to support practice learning, provides support for the academic team, students and the PLPs (128,131,172).

Academic staff tell us that in 2019, the number of student midwives increased to a total 67 per cohort in line with HEE midwifery expansion plans. A home model for practice learning provides students with a home base in one trust, which includes antenatal,

postnatal and community learning experiences at community based MLUs. Due to recent service reconfigurations at SaTH, the MLUs do not offer intrapartum care, therefore all intrapartum experience is currently based at PRH, Telford. We are informed the home birth rate for the geographical area is lower than the national average, thereby affording limited opportunities for students (128,131).

- Pre-registration nursing programme (adult and child)

Academic staff tell us they are based at one of the three SU campuses but travel to teach at any of the campuses. Practice learning team academic staff are allocated to a PLP which includes the private, voluntary and independent sector in that geographic area. Academic staff tell us they are personal tutors for a group of between 15–30 students and meet with students in a group or individually at least three times a year. These meetings can be in practice learning settings or scheduled during theory blocks. Academic staff with a teaching qualification and appropriate preparation, act as an AA for a group of students. This changes each consecutive year to ensure SSSA requirements are met (130,136).

Programme leads tell us that the final March cohort for adult nursing was in March 2019. From September 2019 only one adult nursing cohort will be recruited due to low recruitment numbers in March cohorts. The programme is delivered at Stoke, Stafford and Shrewsbury campuses. Where possible students are placed geographically near to their home address. From September 2019, theory is delivered at each site either face to face or in some situations via online collaboration. A home and away model for practice learning was started with the September 2019 cohort. This provides students with a home base in one trust or organisation and opportunities for learning experiences away from their home base in, for example, community services. This approach ensures students stay in one geographic area, provides students with a coherent practice learning journey and minimises time spent on travel (39,130,136).

Partnership working

Mentors/sign-off mentors/ practice supervisors/practice assessors

- Pre-registration midwifery programme

Sign-off mentors, PSs and PAs express confidence in the programme and tell us they have received good preparation for their role in supervising and assessing students' practice learning. The clinical practice facilitator (CPF) maintains the live database of sign-off mentors, PSs and PAs. We are told that support is always available from the midwifery CPF and the SU link lecturers, if required. The CPF and MPLF provide assurance of regular communication and effective partnership working with SaTH. We are informed that these roles are for a fixed 12-month period. Sign-off mentors, PSs and PAs are motivated to fulfil their roles, and they tell us student midwives are made welcome and continuously supported within SaTH (147-155).

Sign-off mentors, PSs and PAs express concern regarding the rapid increase in student numbers but felt that the SSSA will enable them to support the students in

practice learning areas. Additional practice learning opportunities are being sought, such as the spectrum placement, which involves students being placed on a daily basis with, for example midwife sonographers, or specialist diabetic midwives. However, there are challenges regarding available intrapartum experience accessible for the number of students (131,135,147-155).

- Pre-registration nursing programme

Practice staff are very positive about SU and the effective working relationships between them and academic staff. The CPFs tell us they work effectively with SU staff and attend readiness for practice meetings. Practice staff tell us they are able to contact SU staff via telephone or email if they have concerns about students, although the first point of contact is usually the CPF (145-146,166).

CPFs tell us their role is primarily to support practice staff and students and provide mentor updates and preparation programmes for PSs and PAs. They tell us they visit the wards and departments daily to problem solve any issues quickly. They are the first point of contact for practice staff. All staff we met tell us the CPF role is pivotal to effective student practice learning experiences (145-146).

Mentors and sign-off mentors we met feel well prepared to undertake their role in supporting and assessing students during practice learning opportunities. They tell us there are enough of them to support the numbers of students allocated to their practice areas. They are enthusiastic about the programmes delivered by SU and confirm that students successfully completing the pre-registration nursing programme would gain sufficient knowledge and skills to undertake the role of a registered nurse (adult and child) (145-146).

Employers and education commissioner

- Pre-registration midwifery programme

The ward managers we met are enthusiastic about the quality of the education the students receive at SU. They are keen to employ students who they confirm are fit for practice and purpose at the point of registration. They feel that their practice staff teams invest heavily in the education and support of student midwives as they recognise the potential of successful students joining the future midwifery workforce (135,147-155).

Significant concerns regarding the experience of students in intrapartum care were raised, as birth rate patterns can vary, and it is challenging for many student midwives to achieve the birth numbers required by the EU directive which is further impacted by the increase in student numbers (147-155).

The ward managers we met acknowledge the impact that negative media attention is having on their teams following the recent SaTH CQC report and leaked Ockenden report. They tell us they have worked hard to rebuild and maintain morale within their

teams. They hope that seeing a team pull together and deliver quality care in the face of adversity is a positive learning experience for students (135,147-155).

The director of midwifery tells us of the priority to analyse staff resources and training and development, which will support the learning environment for students. We are informed of proposals to support service reconfiguration, including new models of care provision, for example community teams, which would expose students to a range of learning opportunities involving a mixture of "low and high risk" midwifery care.

We are told about plans for effective use of the workforce with a focus on safety, including engaging students in safety huddles and critical reviews and disseminating lessons learned at SaTH. Assurance is provided of the continued collaboration and partnership working with SU (135).

HEE Midlands and East representatives tell us that HEE has a regional oversight of all learners in practice learning areas and state they have undertaken a scoping exercise with all NHS trusts and AEIs to increase recruitment to pre-registration midwifery programmes. They describe an effective relationship with SU and have discussed the SaTH CQC report at strategic meetings.

They confirm that SU had agreed to increase the student numbers with the additional support of the HEE funded MPLF post. The increase was intended to be an additional 10 students at SaTH, however SU over-recruited to this by a further seven students. HEE said that they were informed of this over-recruitment but not consulted (69,137).

- Pre-registration nursing programme

We met the director of nursing, deputy director of nursing, heads of nursing, matron and lead nurse for workforce, education and quality. They describe work they are doing with a range of external stakeholders including NHS Improvement (NHSi) and Virginia Mason Institute to improve the culture at SaTH. This includes the creation of an open forum where ward managers and matrons can air their views. There are regulatory meetings set up with other AEIs to share information, and accountability for practice learning environments (133-134,136).

Nursing managers we spoke to are confident that the programme produces nurses who are competent and fit to practise on successful completion of the programme. The new system of 'home and away' practice placement allocation gives a sense of 'ownership' and identification of students as prospective staff members of the NHS trust (136).

Students

- Pre-registration midwifery programme

Students are positive about their programme and confirm that they are prepared appropriately for practice learning environments. All students tell us that the programme promotes values-based midwifery practice and they are treated with respect and positivity by sign-off mentors, PSs and PAs. In practice-based learning, students tell us they would initially approach the midwifery CPF or MPLF for support,

prior to contacting the university. All students describe the excellent support from the CPF, identifying availability, visibility and approachability as key factors. They all view the role of the CPF as a positive addition to their learning experience. They describe their practice learning placements as positive. Many third-year students intend to work for SaTH after they have completed the programme (138-139,147-153).

All students confirm they receive regular and timely feedback on their progress and performance. They tell us there are appropriate learning resources at SU. All students informed us their cohort has a student representative. Student union support is based at Stoke, which is too far for students based at SaTH to access (138-139).

- Pre-registration nursing programme

Students are positive that they have chosen the right university to study to be a nurse and are certain that the programme prepares them to be a registered nurse in their chosen field of practice. Students tell us that the programme has a good theory-practice balance and their learning in university provides them with sufficient underpinning knowledge to successfully undertake practice learning opportunities. They have enough time in a variety of placements to be able to achieve their practice learning outcomes. Students value the opportunities for caring for people across the lifespan, which the ED placement provides (140-144).

Students are allocated to ED in either year two in placement five or six, or year three in placement seven or eight as the final placement. Most students told us they enjoyed the ED placement and learnt a lot. We met three students who told us that they went to ED at the end of year one in placement three. All three students tell us the placement is too early in their learning journey to benefit from the practice learning experience and agree with the decision to schedule the placement later in the programme (140-144).

Students are well supported in practice placements from CPFs, mentors, sign-off mentors, PSs and PAs for all aspects of their learning. The roles and responsibilities of SU staff supporting students learning in practice learning settings are not clearly understood by adult nursing students. Child field students told us they are happy with the level of support they receive, and all students value the support they receive from personal tutors (140-144).

Service users and carers

- Pre-registration midwifery programme

The women and partners we met in the practice areas tell us that they were given the option to have students involved in their care and gave consent for this. They describe student midwives within SaTH as smartly dressed, polite, thoughtful and diligent. We are told that the student midwives work effectively in a team with other professionals and are appropriately knowledgeable for their stage of the programme (150,155).

- Pre-registration nursing programme

SUs are proud to be associated with the nursing programme and feel fully involved in aspects of programme design, recruitment and selection activities, teaching and evaluation. They are not curently part of the programme management team but would be willing to be involved. They welcome the appointment of a new SUC co-ordinator for the school and feel this role will widen opportunities for them to participate in pre-registration programmes. They confirm that they feel very well prepared for their role, receiving induction and training, including equality and diversity. They feel welcome and respected by academic staff and students and are fully briefed and prepared for their involvement in sessions. SUCs have opportunities to provide formative feedback on student performance in both theory sessions and in practice (132).

Relevant issues from external quality assurance reports

Concerns relating to patient safety at SaTH have been publicised since 2017, particularly in relation to maternity services. In July 2018, the Royal College of Obstetricians (RCOG) published a report on progress following a review of maternity services undertaken during July 2017 (11).

A CQC inspection of SaTH took place between 21 August and 21 September 2018 which included inspection of the maternity services at the RSH, Shrewsbury. Between 29 and 31 August 2018 CQC inspected the core services of urgent and emergency care at the RSH and the PRH, Telford and the maternity services at the PRH (13).

The CQC inspection report published November 2018 reported the overall rating for SaTH as inadequate. It was rated good for caring. However, safety and being well led were rated inadequate, while effectiveness and being responsive to patients' needs requires improvement. The inspection rated:

- urgent and emergency care and maternity services at both RSH and PRH as inadequate for safe.
- urgent and emergency care services at the PRH and maternity services at RSH as requires improvement.
- urgent and emergency care services at RSH and maternity services at the PRH were good.
- urgent and emergency care, at both RSH and PRH as requires improvement.
- maternity services at RSH as requires improvement and maternity services at the PRH as good (13).

The CQC rating of the maternity services went down to overall requires improvement. The service was rated as inadequate in safe, requires improvement in effective, responsive and well led and good in caring (13).

Following the publication of the CQC report in November 2018 the NHS Improvement (NHSi) announced that SaTH was placed in special measures for quality reasons

(9,13).

On 16 April 2019, the CQC carried out an unannounced focused inspection of maternity services. The quality report published 6 December 2019 did not give ratings for this inspection which focused on safety and leadership. Issues raised include: midwifery staffing and sickness rates; birthing facilities; tools used to monitor deterioration; leadership and support of staff (14).

A SU and SaTH action plan is in progress in response to these CQC concerns (15,19).

An independent review of maternity services at SaTH led by Donna Ockenden, on behalf of NHSi, is ongoing at the time of this report (10).

Follow up on recommendations from approval events within the last year
There were no recommendations from approval events within the last year (5).

Specific issues to follow up from AEI self-report
The AEI self-report identifies concerns related to patient safety and in particular, midwifery provision at SaTH. An exceptional report was submitted to the NMC in September 2018. There is an action plan and contingency plan in place responding to concerns. The SU senior management team continue to meet regularly with the SaTH senior team and NMC to review action plan progress (12, 15-17,19).

Findings against key risks
Key risk one: Effective partnership working: collaboration, culture, communication and resources
1.1 The AEI has inadequate resources to deliver approved programmes to the standards required by the NMC **1.2 Inadequate resources available in practice settings to enable students to achieve learning outcomes**
Risk indicator 1.1.2 - Sufficient appropriately qualified academic assessors available to support numbers of students
What we found before the review

There is a programme of preparation for AAs and a record of academic staff who are AAs is held on a database. The university has devised a checklist for AAs. Academic staff curricula vitae (CVs) confirm that AAs are appropriately qualified for the role they are undertaking (36, 70).

- Pre-registration midwifery programme

There are four midwifery AAs who have completed the AA preparation programme. All AAs complete a formal programme of preparation with SU that has been created in line with the Midlands, Yorkshire and East practice learning group (MYEPLG) collaborative approach to the implementation of the SSSA (NMC, 2018). A further two midwifery academic staff are completing a postgraduate teaching qualification (36, 70).

- Pre-registration nursing programme

There are 23 AAs for adult nursing and two for children's nursing that have completed the AA preparation programme. Six academic staff members are completing a postgraduate teaching qualification. The first summative assessment period in line with SSSA requirements is due to be completed in July 2020. An AA allocation plan provides evidence of future AA allocation across cohorts. There are plans in place to support newly recruited academic staff to complete the AA preparation programme once they have completed the postgraduate teaching qualification (33,36,70,128, 130).

What we found at the review

- Pre-registration midwifery programme

The academic team inform us there are a total of 135 pre-registration midwifery students across both campuses, including 24 students in the third year of the programme, who remain on the SLAiP standards. We saw clear plans that show how AAs are allocated to groups of student midwives, according to their campus base and stage of programme. We are assured that the numbers of students are currently manageable within this plan. Senior staff we met and individual staff CVs confirm that AAs are identified according to their qualifications and then appropriately trained for their role in the assessment of students. There is a development pathway for supporting staff who do not currently hold appropriate academic qualifications prior to becoming an AA within the school. These development opportunities and contingency plans for the academic team will support the increased number of students on the SSSA (33–37,70,128,131,165).

- Pre-registration nursing programme

We found there are sufficient AAs to support the number of pre-registration nursing students in the adult and child fields at all campuses. We found there are different AAs allocated in each part of the programme and each AA will have between 35–50 students to assess (33,36).

The senior management team tell us that academic staff are required to travel between campuses to support students through the AA role and to teach. We are told this decision was made to ensure minimal disruption to the student learning experience. Adult nursing academic staff confirm they are based at either Shrewsbury, Stafford, or the main campus at Stoke. Child nursing academic staff are based at Shrewsbury or Stafford. Practice learning placements are spread over a wide geographical area and the academic team tell us that travel time is significant. This might potentially impact on the ability of the academic team to achieve the roles and responsibilities of an AA. The school are advised to keep under review the number of students allocated to each AA to ensure the SSSA continues to be met and the AA role is manageable (128,130).

We conclude that the university has sufficient appropriately qualified AAs to support numbers of students currently studying the pre-registration nursing and pre-registration midwifery programmes.

Risk indicator 1.2.1- Sufficient appropriately qualified mentors/sign-off mentors available to support numbers of students

What we found before the review

- Pre-registration midwifery programme

Systems and processes are in place at SaTH for allocating appropriately qualified mentors/sign-off mentors (66).

- Pre-registration nursing programme

The total number of mentors and sign-off mentors in the ED is indicated on the educational audit documents and mentor registers. There are 18 mentors at PRH and 12 at the RSH. Both EDs take students from child and adult nursing fields, midwifery, paramedic, physiotherapy and advanced clinical practice programmes. The total number of student allocations to ED was reduced to four in both EDs in the educational audits completed in May 2019 to mitigate against the reduction in staff in both EDs, and the reduction in opening hours at PRH. The mentor register confirmed that students in placement seven were allocated a mentor and sign-off mentor. In advance of our visit, the ED practice learning environments at the RSH and PRH were withdrawn from the placement circuit by senior staff at SU and SaTH (61-64,66,166).

What we found at the review

There is a dedicated academic practice learning manager and each profession has a practice learning hub lead and practice learning academic team. The practice learning unit maintains an overview of practice learning environments to ensure that sufficient

appropriately qualified mentors and sign-off mentors are available to support the students allocated to placements at all times. They told us of effective working relationships with SaTH and CPFs to enable them to monitor the allocation of students (157).

- Pre-registration midwifery programme

There is an adequate number of sign-off mentors in practice learning environments and they verify they are well prepared for their role. The CPF at the PLP sites we visited confirms all sign-off mentors are supported to complete annual updates, triennial reviews and support and assess student midwives in practice. Third-year students tell us they have a named sign-off mentor, who they learn alongside a minimum of 40 percent of their time in practice-based learning; many students report that they normally exceed this amount. Sign-off mentors also confirm they work with their students for a minimum of 40 percent of the time. We saw evidence on the off-duty rotas that students are allocated shift patterns to learn alongside their sign-off mentor who has time allocated within their role to support their student to achieve the NMC requirements and complete documentation. The off-duty rotas show that all student midwives are supernumerary which was confirmed by students and mentors (147-155).

We found robust mechanisms to monitor the status, availability and allocation of sign-off mentors based on capacity in the practice learning areas we visited. The midwifery CPF at SaTH maintains an up to date database on the staff intranet which can be accessed by all SaTH employees and students allocated to the trust. The database shows that there are adequate numbers of sign-off mentors to support third year students studying the pre-registration midwifery programme. The database provides clear and auditable evidence that sign-off mentors maintain their requirements for annual updating and triennial review in accordance with the SLAiP (NMC, 2008). This was confirmed by the sign-off mentors we met (147-155).

Third year students confirm that they access the database, to record in their practice assessment documents (PADs), the date that their sign-off mentor completed their training. The database is used to ensure capacity within placement areas as the educational audit documents do not contain current capacity. The CPF liaises closely with the MPLF at SU and relevant ward managers at SaTH prior to students being allocated their practice learning area (66,93,99,131,147-155).

SU senior management team tell us that SaTH placements are not currently used by other AEIs for student midwives or other learners. However, we are told by students that medical students are placed at the delivery suite at PRH and are involved in births (139,147,152).

- Pre-registration nursing programme

The ED duty rota was checked at the placement visit and confirms all students allocated to ED had either two mentors or a mentor and sign-off mentor who had been appropriately prepared for their roles. Student evaluations indicate that two students experienced some delay in receiving a named mentor and students confirmed this. They tell us that they reported the lack of sign-off mentor to the CPF and an alternative

sign-off mentor was allocated (121,124,126,145-146).

The number of students allocated ED as a final placement is low, therefore the number of sign-off mentors indicated on the off duty, the mentor register and the educational audit is sufficient to support and assess students' practice learning. Students and CPFs tell us that most sign-off mentors are senior staff within the ED and time for the sign-off mentor to discharge their responsibilities in completing the PAD is lacking due to shortage of staff. However, students tell us this didn't impact on achievement of their competence or learning outcomes (140,142-143).

Mentors report they were supported to undertake initial mentor qualifications, annual updating and triennial reviews. This activity is recorded in placement educational audits. Students confirm they spent at least 40 percent of practice experience with their allocated mentor or sign-off mentor and they were supernumerary on placement in ED (140-146).

CPFs tell us they monitor students from all professions allocated to placement areas and manage student numbers to ensure they do not exceed the agreed maximum in the educational audits. The number of mentors and sign-off mentors available and maximum student numbers are recorded on the biennial educational audit which is reviewed annually. CPFs gave examples of when they had successfully negotiated directly with the university to reduce student numbers when there was a reduction in the number of mentors available in a placement area (145-146).

Our findings confirm that there are sufficient appropriately qualified mentors and sign-off mentors available to support numbers of students currently studying the pre-registration nursing and pre-registration midwifery programmes.

Risk indicator 1.2.2 - Sufficient appropriately qualified practice supervisors and practice assessors available to support numbers of students

What we found before the review

SU are part of the MYEPLG which has an implementation plan and process in place for transfer to the SSSA. The transfer plan provides actions and timelines related to each cohort and includes sessions for preparing academic staff to deliver the content of the preparation programme. Readiness for practice meetings are held between CPFs and SU practice learning teams to monitor progress against the MYEPLG SSSA transfer plan (31-33).

Systems and processes are in place at SaTH for allocating appropriately qualified PSs and PAs (66).

There's information on the PS and PA roles and responsibilities outlined in the student practice learning handbook. Student preparation for practice sessions indicates students have been informed of the role and responsibilities of the new SSSA roles (75-76).

What we found at the review

- Pre-registration midwifery programme

The midwifery CPF at SaTH maintains a robust sign-off mentor, PS and PA database on the staff intranet that can be accessed by all SaTH employees and students allocated to the trust. We confirm the database shows that there are currently adequate numbers of PSs and PAs to support student numbers within the midwifery programme. The database identifies that PSs and PAs have undertaken suitable preparation for their roles in supporting and assessing midwifery students, in line with the SSSA. The database is regarded as a single point of truth regarding PS and PA numbers within each practice learning environment. This database is used to ensure capacity within placement areas (147-155).

The PSs and PAs we met confirm they have undertaken appropriate training and preparation for their roles. The training consists of a workbook and a face-to-face learning session to confirm and consolidate their learning (30, 33, 37, 147-155).

SaTH ward managers, the CPF, PSs and PAs confirm there are enough appropriately trained and qualified midwives actively supporting students to meet the standards of proficiency necessary for entry to the register. Ward managers tell us that the SSSA provide the opportunity for other midwives and healthcare roles to work with students who have previously not had the chance to do so. This is seen as a positive improvement; providing students with a greater variety of learning opportunities; increasing capacity for student learning within placement areas; reducing assessor fatigue; and, reliance on a small number of midwives within each placement area (30, 33,37,147-155).

We are told that first-year students will experience a series of insight visits to understand the woman's journey as an outpatient. For example: sonography, consultant-led care, safeguarding and specialist roles such as diabetes or substance misuse. Many practice staff supporting these practice learning experiences have been prepared as a PS. However, we are informed that on occasion a long-arm supervision model is used in line with the published NMC guidance. The PSs and PAs we met confirm they are clear on their role and responsibilities and they maintain the assigned role when supporting students. One PA in a community setting tells us that because there are only two midwives in their placement area it is hard to maintain these boundaries. However, a plan is in place to address this through the CPF role, who has been very supportive in finding a solution (99,147-155).

- Pre-registration nursing programme

Senior SaTH management and education staff tell us that they received enough timely information about the SSSA, know and understand the implementation strategy and feel well prepared to implement this in practice. They confirm preparation work is undertaken collaboratively between the CPFs and SU academic team to ensure that there are sufficient PSs and PAs to meet student numbers (136).

Practice placement staff tell us they have undertaken appropriate preparation to become PSs and/or PAs. Students also confirm their awareness of the SSSA and their understanding of the role of the PS and PA (141-143,145-146).

SaTH senior staff tell us the ED at PRH and the RSH now have an increase in staff members and more staff are being recruited with a range of experience. All newly qualified staff complete the preceptorship programme which includes preparation for the PS role. This is confirmed in the ED register; 80 percent of existing staff in the ED have been prepared for the SSSA. Senior SaTH staff confirm that only nursing and some paramedic students are allocated to the ED and there are enough PSs and PAs to support student learning (134,136,140,142-143).

Our findings confirm that there are sufficient appropriately qualified PSs and PAs available to support numbers of students currently studying the pre-registration nursing and pre-registration midwifery programmes.

Outcome: MET

Comments:

None identified

Areas for future monitoring:

- Student experience and practice evaluations when nursing students return to ED for practice learning.
- The number of students allocated to each AA to ensure the SSSA are met and the AA workload is manageable.
- The number of appropriately qualified and experienced PSs and PAs to accommodate the increased number of students on the midwifery programme, accessing practice learning areas at SaTH.

Findings against key risks

Key risk two: Selection, admission and progression

2.1 Inadequate safeguards are in place to prevent unsuitable students from entering and progressing to qualification

Risk indicator 2.1.2 – AEI's procedures address issues of poor performance in both theory and practice

What we found before the review
There is a fitness to practise (FTP) procedure in place. A report on FTP concerns is compiled by the Associate dean (students) and recommendations made to enhance the FTP policy and practice are based on lessons learnt. The annual FTP report indicates that the number of FTP cases for 2018/19 was 14, of these one is an adult nursing student and two are midwifery students. For 2019/20, six cases have been considered at the time of this review, one is pre-registration nursing although the field is not specified. School staff have attended mandatory briefings and training is provided for academic staff who are acting as FTP investigation officers (113-114). Students are informed in programme documentation that they must complete declarations of good health and good character annually (108). A robust and transparent process is in place for signing off students who are eligible to apply for admission to the NMC register. This includes a 'completing students checklist' to ensure compliance with NMC requirements (102-104). • Pre-registration nursing programme A self-declaration of completion of practice and theoretical learning to meet the EU directive 2005/36 EC is completed by the student and reviewed by the personal tutor (100,102). The completing students database is checked and once all requirements are met, including EU directives for general nurses, data is uploaded to the NMC. The final declaration of good health and good character is signed by the programme lead (101, 130).
What we found at the review
The SU FTP procedure was reviewed in August 2019. The FTP policy is robust and the new regulations are devised to maintain standards and ensure equity and fairness. There are standard letter templates for communication with students and the language used is straightforward and student facing. FTP concerns may be raised by self-declaration, other students, university staff, practice staff and/or members of the public. The timeframe for completion of an FTP investigation and notification of outcomes are clearly specified in the FTP procedure. The SU central regulation and compliance team maintain a tracking system to ensure cases are dealt with in a timely manner (113-114,156). Any concerns about the conduct of students that might compromise public safety and protection are addressed swiftly. When a serious concern is raised, the Associate dean (students) (or nominee) may decide that a precautionary suspension from practice

and/or the university is necessary while the concern is being investigated. The student retains the right of appeal to the vice-chancellor (113-114).

Where a case is referred to the FTP panel, the panel is chaired by a head of department or associate dean, who has not been involved in the case to ensure impartiality. The panel will also include an academic member of staff from a programme leading to professional registration; a professional external to the university and relevant to the programme; and a nominee of the students' union with no connection to the case. Staff training has been provided in conjunction with an external provider (113-114, 156).

The FTP data and outcomes are evaluated and reported at strategic levels to identify any lessons learnt and support future learning. We found there has been a slight increase in the number of FTP cases over the past three years, but the number remains small as a percentage of the total student count (0.37 percent FTP and 0.7 percent concerns). There have been six FTP cases for students based at SaTH over the past four years (113, 156).

The Associate dean (students) tells us FTP and professionalism are introduced during the student induction period and reaffirmed throughout the student journey (156).

- Pre-registration midwifery programme

Documentary evidence of FTP cases shows us that a clear and transparent FTP policy is followed precisely within SU to ensure that safety and public protection is consistently maintained. The data and outcomes of these cases is routinely reported at quality governance meetings to ensure that lessons are learnt and shared with stakeholders. Student midwives tell us they understand the FTP policy including the role and purpose of the FTP procedure. SU has received one formal complaint regarding the FTP process and outcome. This was fully investigated and reported upon separately within the complaints and appeals process; the outcome of the FTP panel was upheld by an independent panel who was satisfied SU had followed their procedures appropriately (109,113,116,147,151,164).

SU has a clear and robust process for students to make annual statements of good health and good character. Third year student midwives are able to tell us why this statement is important throughout their programme, and for admission on to the professional register. Students tell us they are aware of the programme requirements for midwifery and that there is a verification process completed by the LME to enable them to join the NMC register. We saw evidence of how the LME completes this formal process that is compliant with NMC requirements (6,23,71,83,102,108).

- Pre-registration nursing programme

Nursing students tell us they complete good health and good character declarations annually and they are informed about FTP procedures at induction and preparation for practice settings. They confirm their responsibilities in ensuring their behaviour meets the standards of the Code (NMC, 2018) and they have a sound awareness of the scope of FTP and safeguarding (140-143).

Programme leads confirm that personal tutors are responsible for student progression at the end of each stage of learning. Any issues raised about behaviour or academic performance are dealt with by the personal tutor who would refer to the FTP policy and process, as appropriate. Programme leads confirm they sign-off students' final good health and good character declaration (101,130).

PSs, PAs, mentors and sign-off mentors confirm their understanding of the collaborative FTP university policy and processes. Practice staff and managers tell us they are confident that concerns would be investigated and dealt with effectively through SU procedures to protect the public (136,145-146).

We found that the university has procedures in place to address issues of poor student performance in both theory and practice, including a robust FTP policy.

Risk indicator 2.1.4 – AEI's procedures are implemented by practice learning providers in addressing issues of poor performance in practice

What we found before the review

The student practice learning handbook provides information on how SU will manage poor performance. The process for managing poor performance is discussed at mentor updates and preparation for PS and PA sessions (66,76).

What we found at the review

- Pre-registration midwifery programme

Sign-off mentors, PSs and PAs describe the process to report and act upon incidents of poor performance by students within practice-based learning. This process includes contacting the CPF for support in identifying the concern, agreeing a remedial action plan for the student and contacting SU. There is some inconsistency regarding who the sign-off mentor/PS/PA would contact at SU; they tell us they would contact the student's personal tutor, a link lecturer or the AA, depending on the concern. However, in all instances described appropriate support was provided by SU (147-155).

Practice staff tell us that email is the quickest form of communication to SU who are very responsive. The CPF is instrumental in supporting students and practice staff; their input is highly valued by everyone we met. The CPF, sign-off mentors, PSs and PAs state they would contact the LME directly if they had a serious concern or complaint that involved a public protection issue (75-76, 91,109-112,147-155).

- Pre-registration nursing programme

CPFs and mentors/sign-off mentors understand the process for managing students' poor performance in practice and would follow the cause for concern flowcharts and

contact the CPF for support. We saw the flow charts displayed in the EDs demonstrating these are accessible to both mentors and students (109,145-146).

The CPF plays a pivotal role in supporting mentors/PSs/PAs with failing students. Where mentors had raised concerns, they are satisfied that process was followed and appropriate decisions made. An example was provided of a nursing student failing to progress and not achieving competence at the appropriate level. The mentors confirm that the flowchart process was used and there was effective communication between the CPF, mentor and personal tutor; an action plan was implemented ensuring the outcome was robust. Managers confirm there are clear policies for raising concerns about students' conduct and progression with the university and identify examples of having implemented the policy (136,145-146).

We found that procedures to address issues of poor student performance in practice are implemented by SaTH staff and we are assured that concerns are dealt with promptly to ensure protection of the public.

Outcome: MET

Comments:

None identified

Areas for future monitoring:

None identified

Findings against key risks

Key risk 3: Practice Learning

3.1 Inadequate governance of and in practice learning
3.2 Programme providers fail to provide learning opportunities of suitable quality for students
3.3 Assurance and confirmation of student achievement is unreliable or invalid

Risk indicator 3.1.1- Evidence of effective partnerships between the AEI and practice learning provider at all levels, including partnerships with multiple education institutions who use the same practice learning environments

What we found before the review

SU works collaboratively with SaTH at all levels to assure the quality of the practice learning environment. The NHS quality, education and workforce development (QEWD) meetings provide a strategic partnership forum between SU and the NHS trust to discuss, review and monitor NHS workforce development, SU education provision, quality and practice placement provision requirements. QEWD meetings are quarterly and attendees must include at least one senior representative and decision maker from both SU and SaTH (24,29).

At an operational level, the SaTH senior midwifery team meet with SU LME or designated representative, every two months. The terms of reference include maintaining robust practice learning environments to meet NMC requirements, and to regularly review mentor resource and placement capacity (23).

SaTH and university nursing and midwifery engagement meetings, provide an assurance partnership forum between SaTH and the multiple AEIs who use practice learning placements in SaTH. The meeting is held monthly to discuss, review and monitor the practice placement provision as a result of the CQC report (2018). The purpose of the meeting is to gain assurances of the safety and effectiveness of the support and the quality of the nursing and midwifery student learning environments (21,28).

A new SaTH nursing and midwifery joint regulatory and partnership fixed term working group has been established and met on 22 January 2020. Its terms of reference include working with other AEIs in supporting nursing and midwifery students and registrants (22).

SU and SaTH have an agreed data sharing protocol in line with the general data protection regulation (EU2016/679) (26).

SU school of health and social care has an algorithm/risk assessment tool for removal of a practice learning area and a checklist for returning areas to the placement circuit. Prior to our visit, a joint decision was made by SaTH and SU to withdraw the ED placements at PRH and the RSH from the practice learning circuit. The school has an established process for exceptional reporting to the NMC which was followed (48-49,60,166).

There is a HEE education and development subgroup to support the Shropshire and Staffordshire sustainability and transformation partnerships (STP), workforce programme boards and local workforce action boards (LWAB). The education and development subgroup has three main areas of responsibility: education; workforce development; widening participation. The HEE midwifery expansion plans for the Midlands and East include SU and SaTH (20,38).

What we found at the review

There is clear evidence of partnership and collaborative working between SU and SaTH. This collaboration is supported and structured by agreed service level agreements. SU actively seeks updates from SaTH during regular formal meetings, and effectively holds them to account in communicating all clinical governance and risk issues in practice learning settings. We saw documentary evidence of strategic meetings between SU and SaTH, with evidence of collaboration and joint action plans following CQC inspection reports; these were confirmed by the senior management team at SU and SaTH. The collaboration enables SU and SaTH to monitor any potential impact on the student learning environment. The school business plan identifies a contingency plan with a neighbouring AEI if a crisis occurs at SaTH affecting the quality of practice learning environments. All students and staff we met are aware of the media scrutiny and impact of the CQC inspection report (18-19,21-29, 77,128-129,133-136,168).

Raising and escalating concerns (cause for concern) is outlined in the student practice learning handbook. There is published guidance, including five flowcharts for raising concerns and reporting incidents in practice. Flowcharts one to three are for students to raise concerns about the practice leaning environment. Flowcharts four and five provide guidance for practice staff to follow. The academic practice learning manager tells us that all clinical governance and risk issues with a potential effect on patient, service user, or student safety are effectively communicated to SU from associated PLPs, using the SU flow charts and templates, in a timely way. We confirmed incidents involving students or concerns raised by students are reported quarterly to the QEWD meeting and the strategic partnership forum. The annual practice learning report contains a summary of these concerns. Serious concerns or incident investigations are proactively reported to the NMC in a timely manner, following the published exceptional reporting process (76,109-111,122,157).

Students know that they can access guidance regarding how to raise and escalate a concern appropriately. Sign-off mentors, PSs and PAs tell us they can access the raising concerns flowcharts on the staff intranet; we saw flowcharts prominently displayed in practice learning areas. We viewed documentary evidence of issues raised by students and issues raised by practice staff about student performance. We found that all were managed in line with the policies and procedures for raising and escalating concerns. The practice learning hub lead maintains a tracker in the hub to ensure that incidents are investigated, resolved and reported appropriately. We saw evidence of how students are supported by SU during this investigation process, including support to write a formal statement and wellbeing support, if required (109-112,128,141-155,157).

The academic practice learning manager, the practice learning hub lead and CPFs confirm that each placement area has a biennial educational audit completed in collaboration between SaTH and SU. We are told this information is shared through the QEWD with other AEIs who use the same placements. Educational audits are thorough and well understood by ward managers, CPFs, sign-off mentors, PSs and PAs. The educational audit for a placement area is not signed off as complete until any action

plan and issues arising from the audit have been satisfactorily concluded. An annual review is undertaken to ensure that necessary actions identified are carried out in a timely and effective way. We saw examples of completed, up to date educational audits during practice visits (24,61-64,109-112,128,145-155).

- Pre-registration midwifery programme

The partnership working between SU and SaTH is effective and consistently ensures that the safety of women and babies and student midwives are at the forefront of all joint actions plans that arise from adverse clinical incidents, governance reports and media coverage of the trust. SU has clear criteria for risk assessing practice learning environments within SaTH, alongside stated processes for the removal and reintroduction of students from practice learning environments, if required. These processes are understood by midwifery ward managers, the CPF and link lecturers indicating that partnership working is effective at all levels within the two organisations. Third-year student midwives tell us that when services have been withdrawn SU communicated this by email and then followed up with a face to face discussion (10,13-16,18-19,23-24,29,44,48-49,60-63,77,128,135,147-155).

The midwives we met confirm that communication with the university is effective, they feel listened to and their opinions valued. Midwives and students confirm the roles of CPF and MPLF are fundamental for effective partnership working and communication. They are united in their appreciation of the posts, stating that the CPF is the first point of contact should issues arise (138-139,147-155).

There is a clear process in SaTH to ensure that all incidents or near misses are recorded using the datix system and shared for lessons learnt through the daily safety huddles. We also viewed evidence of information discussed at the safety huddles. Datix incidents involving students are communicated in a timely manner to SU and an example of this process was described to us by a sign-off mentor. The area of concern was addressed with the CPF and the academic team were contacted to support the initiation of an action plan to support the student midwife. We are told the communication and support provided to address the areas of concern are excellent, including support for the sign-off mentor (41,91,109-112,122,147-155).

Concerns raised by students about maternity care delivery and/or the quality of the practice learning environment are recorded and managed effectively and consistently by SU. Third-year students clearly describe what they would do if they had a concern about care provided for a woman or baby, or for the treatment of a partner, relative or family member. SU, in partnership with SaTH, produce clear action plans that address any concerns raised. These action plans detail joint working arrangements and state deadlines for completion. As a result of an action plan, SU has increased the regularity of educational audits of the maternity services to six monthly and are engaging with HEE who provide external input into the audit process. During visits to the maternity services within SaTH we viewed educational audits and confirm they are carried out according to the stated processes providing SU with assurance about safe and

effective practice learning environments (13-16,19,29,60-63,109-112,128,147-155,157).

- Pre-registration nursing programme

The senior nursing manager of SaTH is committed to a culture of openness and engagement with the expectation for all trust staff to become more outward facing. A staff survey, listening and engagement events and the introduction of twice daily 'huddles' in every department are facilitating cultural change. Nursing staff feel that huddles enhance communication and reaffirm values. Past, present and future work streams are scrutinised, discussed informally and recorded formally on production boards. All potential and serious incidents (SIs) are analysed at departmental level and SIs are reviewed weekly by the trust executive team. Senior nursing managers, departmental managers, CPFs and mentors all identify students as core team members. Students say huddles make them feel part of the team; they value the openness and transparency during discussions. Departmental managers and mentors told us they value students questioning practice processes (22,130,133-134,136,140-143).

The pivotal role of CPFs in promoting partnership working through strong communication links between students, practice learning staff and SU is evidenced in many different contexts. Senior nursing managers, senior members of academic staff and the programme team all provided examples of effective partnership working and timely interventions taken by the CPFs (130,133-134,136,145-146).

Practice staff including CPFs, mentors, matrons and heads of nursing were not aware of the decision to remove ED from the practice learning circuit. Senior managers tell us the decision to not place any further students in the ED was made by SaTH and SU senior managers. A full risk assessment was undertaken and a joint decision to remove any existing students and to reallocate students planned to start in EDs in March 2020 was made. We are told that the decision is a supportive one to reduce the burden on the ED staff while a recruitment drive takes place. The decision will be reviewed by June 2020 and the ED re-audited prior to the re-introduction of students. Students tell us ED is an excellent learning environment, and they are disappointed to hear that students will not be able to use this as a placement (134,140,142-143,166).

We found evidence of effective partnerships between SU and SaTH at all levels, including partnerships with other AEIs who use the same practice learning environments. Patient and student safety are at the forefront of joint action plans arising from adverse education, clinical governance and risk issues. There are robust policies and procedures in place for raising and escalating concerns relating to service user care and/or safety.

Risk indicator 3.2.1- Practitioners and service users and carers are involved in programme design, development, delivery, assessment, evaluation and co-production

What we found before the review
There is a SUC strategy and some documentary evidence of SU involvement in the delivery of nursing and midwifery programmes delivered at SU Shrewsbury campus and SaTH (118-119).
What we found at the review

- Pre-registration midwifery programme

Students confirm the involvement of practitioners in the midwifery programme; most commonly in practice-based learning, but also through a small number of taught sessions and simulated practice sessions at SU. One of the third-year students we met recalls the engagement of a SU within the theory element of the midwifery programme. The student described a small group workshop on the lived experience of miscarriage, as a powerful and thought-provoking session, that really makes them think about their own practise. The student stated that there should be more learning opportunities like this (139,147).

SU has a SUC strategy (2017-2020) that details the aspirations of SU towards involving people with lived experiences in all aspects of the programme. However, progress towards this strategy for the pre-registration midwifery programme is described by the senior leadership team member as under development. Since the appointment of a new SUC coordinator in June 2019, the involvement of people with lived experiences has increased and become more consistent across the school. We are told that this is appreciated by SUCs who now feel valued and treated equitably within the school's systems. Currently, SUCs are involved in 35 percent of pre-registration midwifery recruitment and selection interviews. We are told that this represents an increase in SUC involvement and highlights a positive improvement in their engagement which will be further developed (118-119,132).

We saw evidence of how people with recent maternity service experiences have been consulted over the proposals for the new future midwife programme, which is currently being developed by SU (131,148,151-154).

Sign-off mentors, PSs and PAs describe how they seek consent from women prior to a student having involvement in their care. Evidence in the PAD confirms that the views of women are considered within the overall assessment of the student's performance during practice. This was confirmed by the women and families that we met in the practice learning environments, who had given permission to receive care from SU midwifery students. Women report that SU student midwives they met are professional, respectful and polite. Women and partners tell us students have a good relationship with their midwife and are involved in discussions and decision making. One woman, who allowed a SU student midwife to support them to safely deliver their baby, said

they felt reassured and had confidence that the student was knowledgeable and skilled (147-155).

We do not have any evidence that SUCs are involved in the evaluation of the midwifery programme or in the overall management of the programme. SUCs are not invited to sit on programme or school management meetings, and therefore we aren't assured that programme management includes SUCs. The terms of reference for the programme committee include practitioner and student representation, and the active participation of these roles is evidenced through meeting minutes. A student midwife who is the cohort course representative confirms that practitioners are on the midwifery programme committee (23,84,132,147).

- Pre-registration nursing programme

Practice managers tell us they support practitioner involvement in programme delivery including contributing to a range of teaching sessions. They also describe practitioners' involvement in programme planning, objective structured clinical examinations (OSCEs) and oral assessments. These roles are mainly carried out by the CPFs. CPFs confirm their regular attendance at programme committee meetings and feedback from these meetings to staff in practice learning areas (136,145-146).

Students we met confirm that practitioners provide specialist lectures and skills sessions in preparation for practice. Practice learning pathways are an example of co-production between academic staff and practitioners, in particular CPFs. The programme team and students confirm they have a range of acute and community placements in a variety of contexts in different trusts. Individualised practice learning pathways help to reduce travelling commitments and provide students with a sense of belonging to a specific trust (98,130,134,136,141-146).

We found that SUCs participate in many aspects of the nursing programme and that their engagement is formally arranged and supported by the school. We met the SUC coordinator and viewed the strategy and involvement logs. SUCs tell us about their involvement in selection and recruitment, teaching sessions and programme design meetings; documentary evidence confirms this. Students confirm that SUCs are involved in teaching sessions (84-85,118-119,132,141-143,175).

Mentors confirm there are opportunities for service users to feedback on student performance and this is mainly through the friends and family survey. However, we found no evidence of SUC involvement in programme management (132, 145-146, 175).

We conclude that practitioners are involved in programme design, development, delivery, assessment and evaluation. SUCs are involved in some aspects of programme delivery however action is required to ensure SUC involvement in the programme management teams for the pre-registration midwifery programme and the pre-registration nursing programme.

Risk indicator 3.2.2 - Academic staff support students in practice learning settings

What we found before the review
The school has a practice learning hub and staff work in practice learning area teams (PLATs) to support students' learning in practice. The PLAT handbook outlines that the PLAT is to work collaboratively with PLPs to enhance the student practice learning environment. Academic staff have a practice learning area educational link role within the PLAT which includes providing PS and PA support through delivery of the preparation programme. PLATs undertake educational audits, review practice learning evaluations and support students in the practice learning environment. During the transfer to the SSSA, PLATs provide support to students ensuring all are allocated a PS and PA. For students remaining on SLAiP the PLAT ensures sign-off mentors are allocated (67-68,170). All PLAT activities are recorded on the practice activity database which provides examples of the types of activities and visits. These vary from telephone calls to placement visits and working in practice. The student practice learning handbook and the PADs provide information on support in practice from the PS, PA and AA. There's information in the practice learning handbook on the education link nurse system. There is no documented information in programme or practice learning handbooks about the role of the PLAT (59,76,80-81).
What we found at the review
• Pre-registration midwifery programme The SU senior leadership team tell us all academic staff involved in the midwifery programme are allocated 80 hours each year within their workload plan to support student learning in practice. This activity involves telephone and email support, as well as visiting student midwives who are on placements within SaTH. All visits are recorded by the link lecturers on a database, that shares good practice, any concerns identified, and actions taken in response to student need. The third-year students we met tell us that occasionally academic staff visit them in practice, but these visits are ad hoc unless formally requested. This means that some students have multiple visits, and others have minimal contact from the university. Students, sign-off mentors, PSs and PAs tell us their first point of contact for concerns in practice would be the CPF, although they all feel able to contact a university staff member. Students and midwives tell us they are well supported by SU. Sign-off mentors, PSs and PAs tell us they tend to contact someone they know at the university, rather than attempting to seek out the named link lecturer (59,75,91,109,122,128,147,151-155). • Pre-registration nursing programme Senior nursing academic staff and programme leads tell us that workload of 80 hours is allocated for the practice learning link role and up to 50 hours for the personal tutor

role. The adult nursing academic team tell us that PLAT visits are unannounced visits and do not always coincide with when students are on shift in practice placements. The length and activities undertaken as part of the practice visit vary and include supporting students or practice staff with queries about PADs, mentors, assessments, or completing educational audits. We found that adult nursing students couldn't tell us anything about the role or purpose of the PLAT. If adult nursing students had any issues in practice, they speak to their mentor, the manager, the CPF or their personal tutor. The role and responsibilities of the PLAT needs to be made clear for adult nursing students in programme and practice learning handbooks, in practice learning areas and in preparation for practice sessions (128,130,140,142-143,170).

Child nursing students tell us they receive appropriate support from academic staff who are contactable at any time while they are in practice learning settings, normally via email, and academic staff responses are timely. Academic staff tell us they visit their link areas every six to eight weeks (130,134,136,141).

We found the EDs have an educational link nurse whose responsibility is to support and guide students to learning opportunities whilst in the department. We saw induction packs created by the educational link nurses which provides information on what to expect in the ED. Students tell us they find the packs very helpful in understanding more about how the different areas in the ED work. Practice staff tell us that their first point of contact in relation to students is always the CPF and sometimes the student's personal tutor or the practice learning manager (140,142-143,145-146).

We conclude that academic staff support students in practice learning settings in the pre-registration nursing (child) programme and pre-registration midwifery programme. However, the roles and responsibilities of AEI staff supporting students learning in practice settings are not clearly understood by adult nursing students. SU must ensure students understand and student facing documentation details the roles and responsibilities of adult nursing academic staff in practice learning settings.

Risk indicator 3.3.1- Evidence that mentors, sign-off mentors, practice supervisors/assessors are properly prepared for their role in supervising and assessing practice

What we found before the review

There is a preparation programme developed by MYEPLG for PSs and PAs and documented evidence of mentor/sign-off mentor/PSs/PAs updates. There's a documentation audit process in place in which practice and academic staff review the PADs for accuracy of completion by mentors and students (33-35,37,73,106).

What we found at the review

- Pre-registration midwifery programme

All midwives we met confirm they meet the requirements to be a sign-off mentor for midwifery students in year three and meet the requirements of the SSSA for students in years one and two of the programme. We viewed the SaTH database, maintained by the CPF, and confirm that all PSs and PAs have completed preparation training to undertake their respective role in supporting learning, supervision and assessment in practice. The CPF confirms that 81 percent of all midwives have completed PS/PA preparation and students are only allocated to midwives who are active on the database. We met sign-off mentors who tell us they attend annual mandatory training days, that includes a mentor update session delivered by SU staff. They confirm the last update they attended included the SSSA training enabling them to transfer to the PS and PA register. The training was in line with the MYEPLG agreed regional principles (30-31,33-35,37,147-155).

We viewed off-duty rotas during practice visits and confirm sign-off mentors and PAs are allocated dedicated time to support students in practice. There are clear records that sign-off mentors meet triennial review requirements, Sign-off mentors, PSs and PAs demonstrate a good understanding of the PADs and NMC requirements, ensuring that students are appropriately assessed at summative elements and at progression points within the programme (66,73,75,93).

Sign-off mentors, PSs and PAs tell us that they appreciate students giving feedback about their practice learning which they use for reflection and for their own revalidation with the NMC (47,75,126,128,147-155,161). See section 5.1.1.

- Pre-registration nursing programme

Senior nurse managers tell us that mentor/PS/PA preparation and support is a priority within SaTH. Nursing staff are supported to undertake preparation programmes and updates. Mentors and sign-off mentors confirm that their mentor preparation programme adequately prepares them to undertake their mentorship role; the annual updating and access to an online mentor resources site supports their development and SaTH is proactive in supporting their attendance at training (136,145-146).

Mentors and sign-off mentors tell us that CPFs are key in supporting them in their role, providing guidance and direction when needed. We found that mentors and sign-off mentors have a good understanding of their role and responsibilities in the assessment of practice and describe confidence in completing the final sign-off requirements and PAD components for entry to the register. Documentation audits of PADs indicate that mentors and sign-off mentors complete PADs appropriately (145-146).

Students confirm mentors are appropriately prepared to support and assess them, have a good understanding of the PADs and are supportive and competent in undertaking the assessment process (141-143,146).

We heard and saw documentary evidence to confirm that 90 percent of SaTH mentors have completed preparation for PS and PA roles to meet the SSSA requirements. PSs/PAs and managers confirm that they have undertaken the MYEPLG preparation

for their role which meets the NMC requirements (136,145-146).

Practice staff receive feedback about students' experience of their practice learning informally by students during placement, and formally through practice evaluations. Feedback is shared amongst practice staff, although in one ED this had not happened and was an action implemented following an educational audit. Practice staff welcome student evaluations and confirm they help shape the practice learning experience for students. The PLAT is piloting a new approach to increase response rates to student placement evaluations (121,126,140,142-143,159). See section 5.1.1.

We found that sign-off mentors, PSs and PAs are well prepared for their role in supporting, supervising and assessing students in practice; and sign-off mentors meet NMC requirements for annual updating and triennial review. Sign-off mentors and PAs understand their role and responsibilities in ensuring pre-registration nursing and pre-registration midwifery students are fit for practice, in order to protect the public.

Risk indicator 3.3.2 - Systems are in place to ensure only appropriate and adequately prepared mentors/sign-off mentors/practice supervisors/assessors are assigned to students

What we found before the review

There is a mentor allocation process in place at SaTH. A database of mentors/sign-off mentors and PSs and PAs is maintained (66).

What we found at the review

- Pre-registration midwifery programme

We viewed and confirm a robust and secure database system in place at SaTH to ensure midwifery students are assigned only appropriate and adequately prepared sign-off mentors, PSs and PAs. The database is proactively maintained by the CPF, who is made aware of any planned and urgent changes in the maternity services. There is a recent employment of a MPLF, funded by HEE to increase the number and quality of midwifery practice learning placements within SaTH. The CPF and MPLF roles are fundamental in ensuring any urgent or planned reconfigurations of maternity services that affect changes to audited placement capacity are communicated to SU. This ensures that any maternity service changes have a minimal impact on student learning; and students are consistently supported by appropriately experienced and prepared sign-off mentors, PSs and PAs (66,93,147-155).

We saw the duty rotas in all the midwifery placement areas we visited which clearly identify the student, PS and the named PA, and protected learning time. Students confirm these findings and know in advance who will be supervising and assessing

them. The CPF informed us that monitoring of staff turnover and sickness is reported regularly at strategic meetings at SU and SaTH enabling effective monitoring of the impact of staff sickness on placement capacity and the student learning environment (30,37,96,138-139,147-155).

Practice learning placements are organised by the midwifery teaching team and circulated to the ward managers. Future plans propose this will be presented as a three-year student placement plan. Year one students report having fragmented placements and being allocated to practice learning areas a significant distance from where they live. The third-year students we met feel they have been adversely affected by the closure of a number of MLUs within SaTH, and more than 50 percent of the third-year cohort are currently struggling to achieve their minimum number of 40 births to meet the EU Directive requirements for registration with the NMC. While there is evidence of maternity service need to increase the numbers of student midwives in SaTH to subsequently increase the number of registered midwives, this increase was not known or always welcomed by midwifery staff. Ward managers tell us they were not consulted about the increase in student numbers and express mixed views about this decision (83,99,128,131,147-155,169,173-174).

The overall current birth rate at SaTH is around 4000 births per annum, which take place in the delivery suite at PRH, one MLU (the Wrekin Centre), with a small number (less than two percent) of home births. The educational audit for the delivery suite at PRH identifies student capacity to be seven students at any one time. Therefore, we aren't assured that the intrapartum practice learning areas at SaTH are sufficient to support learning and assessment of competence of the increased student numbers at SU. The school's contingency planning is not explicit regarding how this would be achieved particularly if further changes are made to the maternity services in SaTH (62,128,131,135,147-148).

An urgent action plan must be put in place to ensure intrapartum practice learning areas support the numbers of student midwives and ensure EU birth requirements are met (131,147-155,168-169).

- Pre-registration nursing programme

Robust and secure systems are in place to ensure nursing students are assigned only appropriate and adequately prepared mentors/sign-off mentors, PSs and PAs. We viewed educational audits which capture information about numbers and types of students allocated to individual practice learning areas. The CPFs check allocations against their records to ensure that student numbers do not exceed placement capacity. Through regular contact with all SaTH departmental staff, CPFs have the most up-to-date information about PS and PA availability. We are assured that unforeseen circumstances involving PS and PA availability are resolved effectively in a timely way by CPFs (40,61-66,145-146).

Students are clear about support systems available in practice learning settings, providing examples of experiences they had with mentors, PSs and CPFs. Two second

year child nursing students said they each had a PS and shared a PA. Third year student nurses spoke highly of the support they receive from mentors. Third year child field students identified that their ED mentors were registered nurses (RN) (adult). Last year when allocated to the ED, students identified that there were limited RNs (children's nursing) in the department. The practice manager in PRH told us about recent employment of seven nurses with child field qualifications, including a band seven. Third year students acknowledge the demands on their mentor's time owing to staff shortages. All nursing students praised the support from the whole ED staff team, despite staffing difficulties and specify that they never felt unsupported. They all recommend the placement as a valuable learning experience (140-146).

Action plans, CPFs and practice managers assure us the quality of the learning environment is regularly reviewed. An example from May 2019 was provided by an ED manager when a risk assessment was undertaken due to staff shortages. The resulting action was to reduce the number of students allocated to the ED. The department requested only year two and three nursing students were allocated because their knowledge and understanding of patient care, in particular recognising a deteriorating patient, is more advanced than year one students. The CPF, PLAT, and the practice learning lead completed an educational audit review and changes were made in response to the situation. Following the publication of the CQC report in 2018 action plans included the re-auditing of the practice learning areas identified in the report. The outcomes are shared with all AEIs who have students in SaTH (13-16,61-66,145-146).

The director of nursing and senior departmental nurses tell us that in the last six months staff numbers have increased significantly in the ED with a further addition of 28 international nurses joining the department in February 2020. The recognised need to integrate new staff into the culture and ways of working in the ED resulted in a risk assessment being undertaken. SaTH and SU senior managers worked together to agree students were temporarily removed from the EDs. The return of students to ED will be reviewed collaboratively over the next few months (43,128,133,145-146,166).

We conclude that systems are in place to ensure only appropriate and adequately prepared mentors/sign-off mentors, PSs and PAs are assigned to pre-registration nursing (adult and child) students.

However, the key risk is not met for the pre-registration midwifery programme, as we found that the intrapartum practice learning areas at SaTH are insufficient to accommodate and support students' learning and assessment of competence due to the increased number of midwifery students. An urgent action plan must be put in place to ensure intrapartum practice learning areas support the numbers of student midwives to ensure EU birth requirements are met.

Outcome: NOT MET

Comments:

Risk indicator: 3.2.1 is not met.

We found no evidence that SUCs are involved in the evaluation of the pre-registration midwifery programme or in the overall management of the programme. SUCs are involved in some aspects of programme delivery of the pre-registration nursing programme. We found no evidence of SUC involvement in the programme management teams for the pre-registration midwifery programme and the pre-registration nursing programme. The school and programme management teams should ensure there is appropriate SUC involvement at strategic and operational levels in the pre-registration nursing and pre-registration nursing programmes.

Risk indicator: 3.2.2 is not met for pre-registration nursing (adult).

We found that the roles and responsibilities of AEI staff supporting students learning in practice settings are not clearly understood by adult nursing students. SU must ensure students understand and student facing documentation details the roles and responsibilities of adult nursing academic staff in practice learning settings.

Risk indicator: 3.3.2 is not met for pre-registration midwifery.

We found that the intrapartum practice learning areas at SaTH are insufficient to accommodate and support students' learning and assessment of competence due to the increased number of pre-registration midwifery students. SU and SaTH should review placement capacity in intrapartum practice learning areas and monitor student experiences to ensure student midwives are able to meet EU birth requirements.

Revised Outcome:

Date:

Comments:

Areas for future monitoring:

- Student experience and practice evaluations when nursing students return to ED for practice learning
- The number of appropriately qualified and experienced PSs and PAs to accommodate the increased number of students on the midwifery programme, accessing practice learning areas at SaTH
- SUC involvement in programme management
- Roles and responsibilities of AEI staff supporting students learning in practice learning settings
- Placement capacity in intrapartum practice learning areas to support the numbers of student midwives
- Student midwives' intrapartum practice experiences to ensure EU birth requirements are met

Findings against key risks

Key risk 4: Assessment fitness for practice and award

4.1 Approved programmes fail to address all required learning outcomes that the NMC sets standards for

4.2 Audited practice learning placements fail to address all required learning outcomes in practice that the NMC sets standards for
Risk indicator 4.1.1 - Students achieve NMC learning outcomes, competencies and proficiencies at progression points and for entry to the register for all programmes that the NMC sets standards for
What we found before the review
All students are provided with a detailed and comprehensive programme handbook. Module handbooks outline the module learning outcomes, content and assessment. Learning and teaching strategies include simulated learning and inter-professional learning (71-72,82,86-87,90,92). • Pre-registration midwifery programme Pre-registration midwifery students maintain a record of statutory experience and competence throughout the programme (83). • Pre-registration nursing programme Pre-registration nursing students complete a profile of evidence to meet the EU directive (2005/36/EC). A self-declaration of completion of practice and theoretical learning is completed by the student and reviewed by the personal tutor (100-101).
What we found at the review
Students on the pre-registration midwifery and pre-registration nursing programmes confirm they are adequately prepared for practice learning settings through mandatory skills and preparation for practice. Mandatory training includes basic life support, handwashing techniques, the safe use of personal protective equipment and manual handling, amongst other skills. Students are also required to complete a series of online training through e-learning for health, including equality and diversity, information governance, health and safety and safeguarding training which must be completed before they can attend placement and is repeated annually. This comprehensive preparation for practice ensures all students are provided with the information and skills they require to understand and comply with relevant local and national governance processes and policies in practice-based learning (130,134,138-139,140-155). • Pre-registration midwifery programme Third-year students tell us they are provided with clear information at the start of each module. Information in the module handbook and Blackboard, the university's

virtual learning environment (VLE), specifies the learning, teaching, support and resources available to them. Programme handbooks are updated yearly for currency and some clearly state actions taken to enhance the module, following feedback provided by previous students. The programme and module handbooks provide students with clear information about quality assurance mechanisms within SU; helping them to understand and comply with governance processes and policies such as claiming extenuating circumstances (71,88,90,147-155).

Students benefit from a range of teaching and learning strategies including practice skills rehearsal and learning through simulation. They tell us there are appropriate learning resources at SU. They confirm they are required to practise in accordance with the Code (NMC, 2018) and demonstrate values-based care when they undertake simulation within the clinical skills suites. They would like more realistic simulation in order to feel better prepared for uncommon or high-risk scenarios in practice as some of the skills sessions are lecture-based only. In addition, students and practice staff raised questions about the practice skills taught prior to the first practice placement block; with students being taught catheterisation of both male and female anatomy, prior to the first placement of the programme with a community team. Male catheterisation is considered inappropriate and not a useful aid to the students' learning; the programme team are advised to review the inclusion of this skill. The programme team are also advised to consider further development of meaningful simulated learning (71,87,90,138-139).

Students monitor their progress and plan their own development through regular, appropriate and effective formative and summative assessment processes. Reasonable adjustments are made if necessary. Students tell us that they generally receive timely and informative feedback on their assessed theoretical work. Feedback enables them to seek support for identified concerns, such as academic referencing. Students report they feel able to make progress towards the achievement of programme outcomes and the NMC requirements for registration (45,71,74,90,138-139).

Students tell us and the placement allocation pathways show that they have opportunities to work with and learn from a range of people in a variety of practice learning settings. This prepares them to provide care to women and their families with diverse needs and understand the role of others within the interprofessional and interdisciplinary team. All students confirm they are well supported in practice-based learning and are consistently enabled to act in accordance with the professional duty of candour (51,99,138-139).

Students, sign-off mentors, PSs and PAs we met understand the programme requirements, including the EU Directive requirements, which are clearly stated in the PAD. Students monitor their progress against these requirements and confirm that they work in accordance with EU working time directives and meet NMC required hours of theory and practice; their time sheets are monitored and signed daily by their mentor or PS. The LME confirms that all students who completed the

programme last year achieved the required learning outcomes and were successfully uploaded to the NMC professional register. Sign-off mentors, PSs and PAs are confident that students on the programme would achieve the necessary experience to ensure successful completion of the programme (74,83,102,105,131,138-139,147-155).

- Pre-registration nursing programme

Students are provided with clear and current information that specifies the learning, teaching and support available to them, including resources to enable learning. Students tell us that their programme is delivered in a variety of ways including lectures, group tutorials, online learning through the Blackboard VLE and through simulations. The ongoing development of enhanced simulation, supported by a dedicated simulation lead is identified as a positive aspect of students' learning experience (72,76,140-144).

Child field nursing students said they are adequately prepared for their ED experience, which included being introduced to neonatal and paediatric early warning scores. The programme team and child field students tell us about theory-based preparation activities before the ED placement. These include a session from an ED nurse detailing expected caring experiences, and theory and simulation activities on the deteriorating child. Students say theory and practice are further integrated when reviewing the placement with academic staff (130,134,140-146).

Students confirm they receive skills training and simulations at SU related to managing the deteriorating patient and find these valuable. Some students have attended an interprofessional simulation session with paramedic students which further enhanced their learning. Some adult nursing students tell us they attended a multi-professional simulation on the deteriorating patient whilst in the ED and found the experience very realistic and helpful to their learning (86,92,140-146).

Students confirm that the requirements and content of the EU directive are transparent and understood. They record their EU experiences and confirm they do not encounter or expect to encounter difficulties obtaining these required experiences. Documentation demonstrates that safeguards are in place to verify student achievement of NMC learning outcomes, competencies and proficiencies at progression points and for entry to the register. All year three students report that they will feel confident and competent to practise and to enter the professional register on completion of their programme. This is confirmed by all stakeholders who state that students are well-prepared and highly employable on successful completion of the programme (78-82,103-104,106,136,140-146).

We conclude that pre-registration nursing and pre-registration midwifery students achieve NMC learning outcomes, competencies and proficiencies at progression points, and for entry to the register.

Risk indicator 4.2.1 - Students achieve NMC practice learning outcomes, competencies and proficiencies at progression points and for entry to the register for all programmes that the NMC sets standards for
What we found before the review
Pre-registration nursing students are allocated to an appropriate range of practice learning environments using a home and away placement model. The PAD records student achievement in practice and compliance with NMC requirements. There is an accompanying PAD guide for students, PSs and PAs and a student practice learning handbook (73-76,78-81, 83,93-99).
What we found at the review
• Pre-registration midwifery programme Students tell us they understand their responsibilities to engage in practice-based learning, and value the diverse range of care experiences they are provided with in SaTH. The practice learning outcomes are developmental and support students to understand normal pregnancy and birth processes, before students progress to learning about greater complexity and risk within the third year of the programme. Sign-off mentors, PSs and PAs tell us about the strategies they use to safely support and enable student learning. This range of teaching and assessment methods are effective in ensuring that students can meet the essential skills clusters, NMC outcomes and requirements for professional registration. However, some third-year students have limited intrapartum experience and concerns regarding the number of births they have and are dissatisfied with a lack of contingency plans from the academic team. They will require additional support to ensure they are able to complete the programme in a timely manner. We are informed by the LME that there is a consolidation block of three weeks for students to undertake further intrapartum experience, if required (74-75,83,99,138-139,147-155,173-174). See section 3.3.2. Students are allocated to 'home' trusts, which provide a range of practice learning experiences. Some students in year one are dissatisfied with the location and distance of their placements to their home, with some travelling in excess of one hour. They told us that there is a process for placement change requests, although requests are not always given (46,138-139,147-155,171). Sign-off mentors, PSs and PAs and students have a consistent and accurate understanding of the PAD and the purpose and value of the ongoing achievement record. Sign-off mentors confirm they accurately record and document the

student's competence for the appropriate stage of achievement in practice (74-75,83,138-139,147-155).

The sign-off mentors, PAs and ward managers we met tell us midwifery students graduating from SU are employable and are of a comparable standard to preceptees they employ from other AEIs. Ward managers state students recommended for NMC registration as midwives by SU are well prepared to practise safely and effectively, demonstrating good professional behaviours and conduct (135,147-155).

- Pre-registration nursing programme

Student nurses identify that opportunities are available in practice learning settings to enable them to meet essential skills and NMC outcomes and proficiencies. Mentors, PSs, CPFs and practice development nurses are identified as individuals who support the development of skills. The PAD records the acquisition of skills. Year three students confirm that sign-off mentors facilitate their learning and assist them to gain the experiences they need to successfully complete the programme (76,78-82,140-146).

All students are required to work within a home and away model of placement allocation in order to ensure that they experience a diverse range of placement learning experiences within the three-year programme. Practice learning pathways provide opportunities for adult nursing students to work with and learn from a range of people in a variety of settings, including community. Child field students also experience a variety of settings, including care for children and young people with mental health needs and high-risk care experience (98,130,134,140-144).

We are assured that academic staff, mentors/sign-off mentors, PSs and PAs understand their role in preserving public safety. Documentation demonstrates a rigorous process in ensuring students meet NMC proficiencies. A mentor described their experiences of supporting a failing student. The mentor acknowledged the support available from SU, a senior mentor in the department, and the effectiveness of the PAD which allows judgement of achievement of competencies. Students and sign-off mentors confirm they understand their responsibilities and the process involved in signing off practice competencies. Senior staff are confident that SU students successfully exiting the programme are able to practise safely and effectively (106,130,133-134,136,145-146).

We found that pre-registration nursing and pre-registration midwifery students achieve NMC practice learning outcomes, competencies and proficiencies at progression points, and for entry to the register.

Outcome: MET

Comments:

Midwifery students benefit from a range of teaching and learning strategies including practice skills rehearsal and learning through simulation. However, all students tell us they would like to do more realistic simulation within their programme in order to feel better prepared for uncommon or high-risk scenarios in practice. In addition, students and practice staff raised questions about the practice skills taught prior to the first practice placement block; with students being taught catheterisation of both male and female anatomy, prior to the first placement of the programme with a community team. Male catheterisation is considered inappropriate and not a useful aid to midwifery students' learning; the programme team are advised to review the inclusion of this skill. The midwifery programme team are advised to consider further development of meaningful simulated learning.
Areas for future monitoring: • Student midwives intrapartum practice experiences to ensure EU birth requirements are met • Appropriate use of simulated learning

Findings against key risks
Key risk five: Education governance: management and quality assurance
5.1 AEI's internal QA systems fail to provide assurance against NMC standards
Risk indicator 5.1.1 - Student feedback and evaluation/programme evaluation and improvement systems address weakness and enhance delivery
What we found before the review
Evaluation systems are in place for theory and practice. There is a programme committee for each programme, which meets bi-annually (84-85,120-126).
What we found at the review
The university uses a system of continuous monitoring. Students complete a paper-based survey at the end of each module and module reports are made available online. On a quarterly basis, the programme lead completes a programme report, which subsequently feeds into departmental and school planning and business intelligence reports. There is a dashboard, which illustrates quantitative data indicators at all levels, which includes admission, progression and completion data, employability data and student feedback. We found that RAG

rated data informatics are being used effectively to evaluate the nursing and midwifery provision. The undergraduate course health check for nursing shows lower student satisfaction levels at Shrewsbury campus (based on national student survey data) and this is being addressed by the recent addition of a campus manager and strengthening of student representation at Shrewsbury. The undergraduate course health check for midwifery is positive (128,158,160).

The results of programme evaluation and ongoing quality monitoring are discussed and disseminated via programme committees, school academic committee and senior management team meetings. We found evidence of actions taken in response to programme evaluation and student feedback, which demonstrates that ongoing quality monitoring is being used effectively to inform programme enhancements. The membership of programme committees includes key stakeholders such as practice and student representatives (84-85,162).

We saw and heard evidence of how SU in partnership with SaTH proactively identify weaknesses and develop appropriate action plans to address any areas for improvement regarding programme performance and outcomes. A wide variety of performance data is considered by members of the QEWD including meeting the NMC standards and requirements, feedback from the national student survey and the requirements of the Quality Assurance Agency (QAA) framework. SU and SaTH actively monitors action plans, ensuring that the partnership can operate effectively to conclude any issues and identified recommendations (16,23-24,29,44,63,88,122,128,147).

EE CVs demonstrate currency in education and practice. They have due regard for the modules and programmes within their portfolio. EEs engage with both theory and practice elements of NMC approved programmes to assess validity and reliability of judgements. EEs report annually on the quality of theory and practice-based learning and achievement of students, leading to award and eligibility for professional registration. We found some evidence of EE practice visits and/or meetings with mentors and students, as well as involvement in programme development. The school responds to issues raised in EE reports related to practice learning in a timely and effective way. Students tell us they are aware of the EE and their name is available in the programme handbook. However, the students and practice staff we met are unaware of any EE involvement in practice (84-85,127,138-155).

- Pre-registration midwifery programme

Academic staff, students and PLP representatives from SaTH participate in the pre-registration midwifery programme committee; their contribution is evident through the minutes of these meetings. All midwifery cohorts have a student representative; students know who their student representative is and understand their role. The midwifery student representative for the third year of the programme tells us they consult with other students to ensure they have a voice at meetings (47,84,88,120,122-123,125-126,128,138-139,147-155).

All students said they complete both theory and practice evaluations, however students are unaware of any action taken as a result of their evaluations. Students confirm there is an optional evaluation process for providing feedback on practice learning. Data shows that there is a mixed response rate from students, with variation in the numbers who choose to provide their feedback. The response rate for student evaluations is lower for year three students. The midwifery teaching team confirm they are to develop an action plan to address this, which would include a timetabled session for student evaluations of practice learning experiences (47,75,131,147-155,161).

Sign-off mentors, PSs and PAs tell us that they generally receive feedback on the students' experiences within the practice learning environment which they use to make changes to the planning, preparation and teaching of future students. Ward managers tell us they have received anonymised student feedback which can be used for group discussions and team learning within a safety huddle. Student evaluations of practice learning experiences are considered during the educational audit, and this process is used to formally create action plans, if necessary. However, it is not clear when and how the outcomes and lessons learnt from student evaluations of practice learning are fed back to the students, as key stakeholders in the quality assurance of the programme. Third-year students tell us they do not receive feedback from the evaluations because they are anonymous; however, we viewed completed evaluations that are passed to sign-off mentors, PSs, PAs and ward managers which are not anonymised. SU and SaTH must establish a process for informing students of feedback from practice evaluations and actions taken to enhance the practice learning environment (47,63,75,88,122,126,147-155,161).

We saw evidence that midwifery EEs engage with practice-based learning and assessment processes, however it is not clear how the feedback from EEs is fed back to the practice learning environments. The school are unable to provide examples of when and how this process took place. We're therefore not assured that SaTH receives timely evaluations of EE engagement and reporting of assessment of practice, in order to carry out developmental actions, if required (107,127,147-155).

- Pre-registration nursing programme

The university provides opportunities for students to evaluate their learning experiences in theory and practice through the Qualtrix system. Terms of reference and agendas from strategic engagement meetings demonstrate evaluation systems operate consistently, with identified risks being reported, joint action plans put in place and reviewed. An annual summary and report is compiled leading to a placement experience action plan for the nursing programme (15,42,44,47,128,130,133-134,136).

The pre-registration nursing programme committee has poor student attendance and students tell us that some student representatives are not effective and don't

always feedback information on actions from these meetings. Plans are in place to hold a programme committee meeting at each of the three SU campuses to improve student attendance. We found some evidence of actions taken on student feedback on theory-based activity in programme and module handbooks, reported as 'you said: we did' (85,130,140-144,162).

The programme team confirm that evaluations of practice learning have disappointing response rates. There is currently a pilot to increase the number of practice evaluations submitted. Students have a timetabled session in the practice environment to come together to undertake their evaluation. Students confirm their understanding of the importance of practice evaluations and that their feedback is given to the PLP. All practice staff we spoke to recognise how important student evaluation is in quality enhancement and improvement cycles (121,124,133-134,136,140-146).

Students tell us that they do not know if their evaluations of practice learning are acted upon. They gave examples where practice learning experiences were poor and they are not clear if any actions were taken. Students tell us they're concerned that a poor placement learning experience may remain in the learning circuit with no action taken. They do not feel their voice is always heard in this respect. Feedback provided on student evaluations needs to be followed up and students made aware of any actions taken. Where information cannot be shared due to the sensitive nature of the issue, then students should be made aware of this (140,143,144).

CPFs confirm they access student evaluations and feedback on practice learning experiences and act on emergent issues. They also ensure that evaluation data is available to individual placement areas and senior managers work in partnership with the nursing practice learning hub manager to action plan and resolve issues. The two main core themes from evaluations of ED practice learning are the positive support available from the whole team, and mentors' time constraints owing to the complex and unpredictable nature of the environment. Practice managers assure us that strategies are in place to ensure student learning is not compromised by environmental factors and the CPF monitors the situation on a daily basis (58,122,128,130,133-134,136,140-146,157).

EEs for the pre-registration nursing programme demonstrate currency in education and practice and have due regard to programmes within their portfolio. Their reports confirm quality monitoring of theory and practice-based learning. However, we found no evidence of EE feedback to SaTH (127).

We found limited evidence to demonstrate how students are informed of actions taken as a result of student evaluations of their practice learning experiences. SU and SaTH must establish a process for informing students of feedback from practice evaluations and actions taken to enhance the practice learning environment.

We found no evidence that SaTH receive timely evaluations of EEs engagement

and reporting of assessment of practice. SU and SaTH must ensure a process is in place to share EE reports relating to practice engagement and assessment and action any relevant findings.

Risk indicator 5.1.2 - Concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners

What we found before the review

Both SaTH and SU have procedures in place for dealing with concerns and complaints raised in practice learning settings (55,116).

What we found at the review

- Pre-registration midwifery programme

The senior leadership team at SU confirm that guidance and support is available for all students who raise a concern or complaint in both the university and the practice learning environments. Formal complaints raised about theory elements of the programme are logged and handled centrally by SU. We viewed records of how these complaints are handled, investigated and resolved within a timely manner by SU. One student told us that they considered making a formal complaint about an assessment but was supported by staff to reach a resolution at the school level (52,84,88-89,109,111,115-117,122,128,163-164).

Complaints about the practice learning environment at SaTH are recorded and monitored using the cause for concern process. We viewed records and heard examples of how students are supported through this process. The school senior leadership team explained how they support staff involved in handling complaints or supporting students and/or placement staff as appropriate to the situation. We saw evidence that students who are required to make formal statements regarding an incident in practice-based learning are supported on a one-to-one basis to do this. This process by SU supports the student and the PLP to seek a timely, appropriate, and proportionate response to resolve concerns or complaints raised in SaTH. SU monitors and evaluates the effectiveness of its cause for concern process, and any relevant outcomes and lessons learnt following investigations of complaints are reported at QEWD meetings and actioned accordingly. The year three midwifery students we met in SaTH confirm they are willing, confident and able to escalate a concern in practice, and that this would be followed up by the CPF and SU link lecturers to seek resolution. Some students report they are not clear on what action is taken in response and are unable to provide examples of when they have been informed of the outcome of a cause for concern or complaint process. SU, in partnership with SaTH, are advised to consider how actions and

lessons learnt following investigations of complaints are reported and fed back to students, where possible (23-24,29,52-53,55, 59,109,111,116,122,128,147-155,163-164).

Sign-off mentors, PSs and PAs tell us they are supported within SaTH to escalate any concern they have in practice and that this would be followed up to seek resolution. The first stage of this would be to raise an issue during a safety huddle to promote discussion and wider understanding of the concern/issue. However, for more serious concerns midwives we met state that they would access the freedom to speak up champion and whistleblowing policy and process (50-57,109,111,116,147-155).

- Pre-registration nursing programme

We confirm the policy and procedures for complaints are communicated within student handbooks, mentor handbooks and online resources. Senior nurse managers are confident that students benefit from close working relationships between the SU nursing practice learning hub manager and the CPFs in the practice setting, and that complaints are dealt with at the informal stages and resolved in an efficient and timely manner (72,76,136).

Students understand the processes to follow in raising a concern. They say that the process to raise a concern is addressed at every practice learning induction. They tell us practice and academic staff strongly encourage them to speak out. One student described the concerns they had and the support they received from practice staff during a CQC visit to the ED. PLPs confirm they want students to feel an integral part of the practice team, and to share in decision-making during huddles. The programme team assure us that if concerns are raised from the practice environment the CPFs are involved and practice link teams will take action, often involving practice visits. We saw action plans demonstrating timely, appropriate and proportionate action (52,55,109,111,130,133-134,136,140-146,157,167).

We are assured of a partnership approach at senior strategic and operational levels in both SaTH and SU to monitor concerns and complaints and proactively follow up actions taken (128,130,133-134,136,140-146,167).

We found that SU has education governance arrangements in place at a strategic level with SaTH to ensure that shared responsibility is taken for practice-based learning. Concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners.

Outcome: NOT MET

Comments:

Risk indicator: 5.1.1 is not met.

i) There is limited evidence to demonstrate how students are informed of actions taken as a result of student evaluations of their practice learning experiences. SU and SaTH must establish a process for informing students of feedback from practice evaluations and actions taken to enhance the practice learning environment.

ii) We found no evidence that SaTH receive timely evaluations of external examiners engagement and reporting of assessment of practice. SU and SaTH must ensure a process is in place to share EE reports relating to practice engagement and assessment and action and any relevant findings.

Revised Outcome:

Date:

Comments:

Areas for future monitoring:

- Actions are taken as a result of student evaluations of their practice learning experiences
- Feedback from students' evaluations are consistently provided to practice learning areas
- External examiner engagement in practice and feedback to practice learning providers

Evidence/Reference Source

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31. Pan-MYEPLG terms of reference, minutes and actions 2018-19
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33. SU action plan to support transition to SSSA, 27 June 2019; readiness for practice meeting, 22 January 2020
34. Pan-MYEPLG overview of implementation strands for new roles to support SSSA, 19 February 2019
35. Pan-MYEPLG SSSA discussion papers, communication strategy and frequently asked questions
36. SU AA preparation and process; AA checklist and registers 2019-20
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127. SU external examiner reports and CVs, 2018-19
128. SU strategic group presentation and meeting, 11 February 2020
129. SU NHS contracts and relationships manager meeting, 11 February 2020
130. SU nursing academic staff meeting, 11 February 2020
131. SU midwifery academic staff meeting, 11 February 2020
132. SU SUC involvement meeting, 11 and 12 February 2020
133. SaTH strategic meeting, 12 February 2020
134. SaTH strategic meeting – nursing, 12 February 2020
135. SaTH strategic meeting – midwifery, 12 February 2020
136. SaTH operational group meeting – nursing, 12 February 2020
137. HEE meeting, 13 February 2020
138. SU midwifery student meeting – year one, 11 February 2020
139. SU midwifery student meeting – year two, 12 February 2020
140. SU adult nursing student meeting – year two, 11 February 2020
141. SU child nursing student meeting – year two, 11 February 2020
142. SU adult nursing student meeting – year three (March 2017 cohort), 12 February 2020
143. SU adult nursing student meeting – year three (September 2017 cohort), 13 February 2020
144. SU child nursing student meeting – year three (September 2017 cohort), 13 February 2020
145. PRH nursing visit to ED, meeting with mentors/practice supervisors/ practice assessors, duty rota, 11 February 2020
146. RSH nursing visit to ED, meeting with mentors/practice supervisors/ practice assessors, duty rota, 12 February 2020
147. Midwifery visit to PRH, meeting with mentors/practice supervisors/ practice assessors, students and service users, 11 February 2020
148. Midwifery visit to RSH, meeting with mentors/practice supervisors/ practice assessors and students, 11 February 2020
149. Midwifery visit to Ludlow community team, meeting with mentors/practice supervisors/ practice assessors, students and service users, 12 February 2020
150. Midwifery visit to Bridgnorth community team, meeting with mentors/practice supervisors/practice assessors, 12 February 2020

151. Midwifery visit to Wrekin MLU and community team, meeting with community manager, mentors/PSs/PAs and students, 12 February 2020
152. Midwifery visit to PRH, meeting with postnatal ward manager and outpatient manager, mentors/PSs/ PAs, 12 February 2020
153. Midwifery visit to Market Drayton community team, meeting with mentors/PSs/PAs and student, 12 February 2020
154. Teleconference with Whitchurch community midwifery team, 12 February 2020
155. Midwifery visit to Oswestry community team, meeting with mentors/PSs/PAs and service users, 13 February 2020
156. SU FTP meeting, 11 February 2020
157. SU escalating concerns and practice learning meeting, including narratives to illustrate process, 12 February 2020
158. SU education governance meeting, 12 February 2020
159. SU placement evaluation meeting, 13 February 2020
160. SU school health check and nursing and midwifery undergraduate course health checks, 10 February 2020
161. SU midwifery placement evaluation completion data, 2019
162. SU school academic committee minutes 13 September 2018, 7 November 2018, 9 January 2019, 5 March, 23 May 2019, 18 July 2019, 25 September 2019
163. SU complaints and appeals database and examples of informal complaints, accessed 12 February 2020
164. SU appeals, complaints and misconduct annual reports 2016-17; 2017-18; 2018-19
165. SU allocation of AAs, 12 February 2020
166. SU and SaTH removal of emergency department placement: exceptional report to NMC, 6 February 2020 and narrative regarding application of algorithm/risk assessment tool, 12 February 2020
167. SU practice learning hub collaborative working group action plan, 28 August 2019
168. SU school of health and social care business contingency plan, 16 June 2019
169. SU midwifery placement three-year plan, September 2019
170. SU school of health and social care role of practice learning allocation lead, undated
171. SU student placement change request proforma and notes of midwifery team meeting, 6 March 2019
172. SU Strategic meeting with LME, 12 February 2020
173. SU completed midwifery PAD, year one and year three, 13 February 2020
174. SU final year student midwives EU directive experience numbers of births, 13 February 2020
175. SU service user documents: SUC handbook, code of conduct, role descriptor, consent form, area of interest form and payment policy, undated

Personnel supporting extraordinary monitoring review	
During the review visit	
Meetings with:	
Mentors/sign-off mentors Practice supervisors/assessors	Nursing mentors, sign-off mentors, who have been prepared as PSs and PAs: four Midwifery sign-off mentors, who have been prepared as PSs and PAs: 11 Midwifery PS: one
Academic assessors	Six (adult nursing) One (child nursing) Four (midwifery)
Service users/carers	Nine
Senior managers of the AEI	Dean of school Associate dean (students) Head of department – nursing Head of midwifery and allied health Academic practice learning manager LME Shrewsbury site manager NHS contracts and relationships manager
Senior managers from associated practice learning partner	Chief executive officer, SaTH HR director, SaTH
Director/manager nursing	Eight
Director/head of midwifery	One
Education commissioners or equivalent	Two

Practice education facilitator or equivalent	Three
Other:	Senior lecturer midwifery: Three Lecturer midwifery: Two Midwifery practice learning fellow: One FTP panel coordinator: One

Meetings with students:

Student Type	**Number met**
Pre-registration midwifery - 36M	Year One: 35 Year Two: 17 Year three: five
Pre-registration nursing - adult	Year One: none Year Two: one+one* Year Three: 16+one* *(by telephone)
Pre-registration nursing - child	Year One: none Year Two: two Year Three: eight

Issue record			
Final Report			
Author	Jan Bowyer	Date	7 March 2020
Checked by	Judith Porch	Date	9 March 2020

Approved by	Leeann Greer	Date	16 March 2020
Submitted by	Amy Young	Date	17 March 2020